



77392



Class _____ *No.* _____

EXCHANGE.

270



Digitized by the Internet Archive
in 2013

<http://archive.org/details/homoeopa10chic>

THE
AMERICAN
HOMŒOPATH,

A MONTHLY JOURNAL OF MEDICINE, SURGERY
AND SANITARY SCIENCE.

VOLUME X.

1884.

EDITOR:

GEO. W. WINTERBURN, Ph. D., M. D.

NEW YORK.

A. L. CHATTERTON PUBLISHING CO.

THE AMERICAN HOMCEOPATH.

NEW YORK, JANUARY, 1884.

THE RIGID OS.

BY

PROF. S. P. BURDICK, M.D.,

New York.

There are probably few conditions in the lying-in chamber more annoying than a tedious and prolonged labor, not only to the physician, but exceedingly discomforting to the patient. There are a variety of causes tending to the production of these conditions. Some are largely amenable to the management and treatment which the physician has within his reach ; but there are others which seem many times to baffle his efforts, and I know of none more perplexing, aside from a distorted pelvis, than a rigid os which maintains its rigidity in spite of the efforts which may be used to overcome it. Many difficulties also grow out of the management and treatment of the rigid os during labor. It has been the practice of many physicians, and I have done it myself, of applying forceps as soon as sufficient dilatation has been obtained, and forcibly break down the rigidity. I look upon this as bad practice. Many of the lacerations which have occurred, and for which so many operations are required at the present day, have been caused by this treatment. Before proceeding to speak of the measures to be adopted to overcome this trouble, I think it might be well to suggest some of the reasonable causes by which it may be brought about. From an extended observation, I have been led to believe that much trouble is produced by local treatment for ulcerated and other conditions which occur in the cervix and os. I have observed in a number of instances where patients have suffered from slight ulceration, and have been treated with severe caustic applica-

tions, such as nitrate of silver, that, in deliveries following, these tissues were so rigid that it was almost an impossibility to dilate them ; a more or less inflammatory trouble having been induced, followed by what seemed to be a glueing together of the tissue, making it almost cartilaginous in density. The rigidity due to this agglutination does not give way to the ordinary uterine contractions as a rule. Of course any other inflammatory condition extending over a period of time would tend to produce a similar condition. In one or two instances I remember there has been a complete atresia of the cervix. In former days it was my habit, as that of most of us, to apply Belladonna ointment to cause relaxation ; but I must confess the cases in which I obtained satisfactory results were rare. If the rigidity was due to an agglutination of the connective tissue, the Belladonna would have no effect whatever ; but in those cases not due to this condition, good results have been obtained. I have found vastly better results from Gelsemium, usually in the lower potencies. My habit is to put a few drops of the tincture into a glass of water and give it at intervals of from five minutes to half an hour ; but in these cases the cause was different to that which I have mentioned.

The principal point I desire to set forth is the breaking down of this rigidity without injury to the uterus, and to do it in a way that is always successful. Usually I wait till the os is dilated sufficiently to admit one or two fingers. If I find the rigidity marked, or a thick ridge around the edge, I introduce a finger into the os and as a pain occurs draw down and bring forward the os. I continue this until it is dilated to the size of half a dollar, and then allowing sufficient time for the action of the Gelsemium, place the patient under the influence of chloroform, as as to take

NOV 21 1910
77392

off the severity of the pain which may be induced. Anoint the hand well, carry it carefully into the vagina placing as many fingers as possible through the os, forcing them in so the fingers act as a lever to the hand, then using forcible traction. I make continual pressure, which can be regulated according to the sense of touch, so that if there is any danger of the cervix giving way at any one point it can be controlled and the pressure relieved at that point. I continue this until finally the entire hand can be introduced. By gradually making this distention and then forcing the os back entirely over the head it will gradually become relaxed and the child delivered. With this method I have never been so unfortunate as to have a laceration. Another advantage is at the same time you dilate the external orifice, and break down the rigidity which is apt to occur in the perineum as well. The objection which has been made by some to the introduction of the hand into the vagina is an error. It has been my habit for a long time as soon as the head descends sufficiently to make pressure on the perineum, to carry the hand in with the thumb on the head, make pressure downward on the perineum, and relax it as much as possible, and the two dangers likely to occur from forcible delivery, laceration of the cervix and of the perineum, are avoided.

CONVALLARIA AND DIGITALIS IN CARDIAC DROPSY.

BY

PROF. E. M. HALE, M.D.,

Chicago.

In the December number of the AMERICAN HOMŒOPATH, Dr. W. P. Armstrong says: "In a recent article on Convallaria, but on which I cannot at present lay my hands, Dr. E. M. Hale makes the statement in substance that in Europe, Digitalis has the reputation of removing the drop-sical symptoms of cardiac disease, by

strengthening the cardiac walls, but that in this country, according to, not only his experience, but that of others as well, it does not possess such power."

Now, I cannot allow such an accusation to pass unnoticed. I am sorry that Dr. Armstrong had not "laid his hand on" my paper on Convallaria, for if he had re-read my article he would not have been guilty of misrepresenting me. I have the article before me, and I find no such mention of Digitalis in the whole article. No one who has read my numerous articles and papers on Digitalis, in the various journals, can believe me so ignorant of its action. I was the first writer in our school who pointed out the true action of Digitalis, namely, that it *primarily increased the tonicity of the muscular structure of the heart*—increased the blood-pressure in the arteries—empties the veins, and regulates its abnormal irregular action. That this increased tonicity increased until the heart became tetanically contracted. That the secondary effect was one of *paresis* which imitated most of the abnormal conditions which obtain in a paretic heart, or one affected with structural lesion. I have pointed out the reason why Homœopathists who invariably used the dilutions, got no curative effects. Even Hahnemann admits that only the strong tincture relieves cardiac dropsy. In order to relieve cardiac dropsy, or the various troubles which arise from a weak heart, Digitalis *must* be administered in definite, material doses, sufficient to cause its primary effects. In other words it is *secondarily* homœopathic to weak hearts, and must be selected for symptoms such as are caused by its secondary effects.

Convallaria does not differ essentially from Digitalis in its action on the heart. It may not, probably does not act *exactly* as does Digitalis. There are some differences in their action which we are not at present able to point out. But this I will say of Convallaria,—that it will act favor-

ably on a weak and irregular heart, removing dropsies, congestions, and other ailments, when *Digitalis* will not act favorably in any doses.

I have now a patient under my care, an old man of 70, whose heart when I first saw him was so irregular and weak, that all rhythm was lost. There was nearly complete suppression of urine, dropsy of the extremities, face and chest, great dyspnoea, and cough with bloody expectoration. It was a case of mitral regurgitant disease. He had been treated with *digitalis* by a Homœopath and an Allopathist; the latter used the official infusion, but its action had been *nil*.

I prescribed five (5) drop doses of *tinc. Convallaria flowers*, every 3 hours and improvement commenced in 12 hours. The heart action became regular, the action of the kidneys was resumed, and in a week the dropsical and other symptoms had all disappeared. I do not know *why the Convallaria* acted so favorably when *digitalis* failed.

In another case, similar, where I was called in consultation by Dr. Bartlett of Aurora, Ill., *Digitalis* in all doses had been tried, and only afforded temporary relief. I advised *Convallaria* 5 gtt. every four hours. The same surprisingly happy effects occurred as in the former case, and the patient is now rapidly improving under its use.

Convallaria has many points of superiority over *Digitalis*. It does not nauseate or vomit, except in rare instances. It does not destroy the appetite or cause debility. It can be given indefinitely without causing the so-called "cumulative" action we sometimes get from *digitalis*. It causes no unpleasant head symptoms or nervousness. On the contrary, it is a sedative to the nervous system and a pleasant hypnotic in cases of sleeplessness in cardiac affections.

But if our school expect to get its good effects they must give it in appreciable doses. From less than *one* drop every *two* hours I have never seen good effects as a heart tonic.

The dose may have to be increased in bad cases up to 15 drops every 3 or 4 hours.

Many have written to me complaining that no good effects followed from the use of the dilutions. They had no cause to complain. So soon as they gave it in 5 or 10 gtt. doses, improvement set in promptly.

SECONDARY HÆMORRHAGE AFTER ENUCLEATION OF THE EYE.

BY

PROF. GEO. S. NORTON, M.D.,

New York.

Secondary hæmorrhage following the removal of an eye is of so rare occurrence in ophthalmic surgery that all cases of this nature well deserve notice.

CASE I.—March 4, 1882, Tobias J—, a Jew, 57 years of age, came to my clinic at New York Ophthalmic Hospital. Two weeks previously he had received an injury to the right eye which had produced total loss of vision, and caused, ever since, considerable pain. Upon examination the eyeball was found intact. The anterior chamber was filled with blood (hypæmia) so that the iris and deeper structures could not be seen. There was considerable chemosis and ciliary injection, while he complained of much tearing pain in the eye and head, especially at night, thus indicating inflammation of the iris and probably of the ciliary body, as this region seemed somewhat sensitive to touch. He was taken into the hospital, put to bed, atropine instilled, ice applied, and aconite, iii., given internally.

March 7th. Has steadily improved, less chemosis and very little pain. Discontinued ice. *Rhus tox.* i.

March 8th. More pain was complained of after leaving off the ice. No particular change can be observed in the amount of blood in anterior chamber. *Arnica* iii.

March 27th. From the last date to this, the condition of the eye has

varied little, some days seeming better, other days worse. The chemosis has almost disappeared, though the eye still remains very red, with some pain. No change in the hypæmia is observed. Various remedies have been prescribed without avail.

About this time, on account of dissatisfaction with the food, which could not be prepared in accordance with the laws of the Jews, he left the hospital.

May 29th. The patient now returns for further treatment. The eyeball is atrophied, though still remains inflamed and painful. Enucleation is recommended and consented to. Ether was thereupon administered and the eyeball removed. No complication attended the operation, and no more hæmorrhage resulted than usual after an enucleation. A firm compress bandage was applied and the patient put to bed. This was about 4 P.M.

May 30th. About nine o'clock last evening the nurse was called as the patient complained of the bandage being too tight. Upon its removal the orbital cellular tissue was found much swollen by the infiltration of blood, which was oozing from between the lids. The bandage was reapplied, but the trouble still continuing, at ten o'clock the house surgeon, Dr. Deady, was called. The lids were then enormously distended and blood was slowly oozing from between them. Much pain in the head was complained of. Questioning elicited the fact that three or four years previously a cut of the finger had bled from two to three months notwithstanding all the exertions of his physicians, thus indicating an hæmorrhagic diathesis. Iced cloths were now used and Phosphor. iii., given internally. This morning the hæmorrhage was much less but had not stopped. The patient was pale and cold, though he felt hot and would have no covers over him. The pulse was weak. *Secale corn. iii.*, was administered, but was this afternoon changed to *Ipecac iii.*, on account of

the bright red color of the blood, and some nausea.

May 31st. Has passed a very comfortable night with only occasional slight oozing of blood. As he was very pale and weak this morning, milk punch and beef tea were given, with as much food as he could take. The pulse is therefore a little stronger this afternoon, and color of patient is better.

June 1st. The hæmorrhage was worse this morning; pulse became very weak; color was bad. Five drop doses of the tincture of persulphate of iron was prescribed every hour. Under this remedy all the symptoms seemed to improve, so that the iron was given at longer intervals.

June 2nd. Much better to-day; only a very little bleeding this morning and also this afternoon on removing bandage.

June 3d. About 6 A.M. began to bleed and lost considerable blood, though it was soon controlled by applying dry lint and repeating more frequently the *Ferr. persulph.*

June 5th. Patient has been doing very well since the last date until about six this morning when the eye began to bleed quite profusely, running in a stream down the cheek. As the use of lint with moderate pressure did not relieve, a tight compress bandage was applied. In an hour or two the hæmorrhage gradually ceased. The iron has been continued when necessary, and to-day has been alternated with China.

June 6th. Again this morning at six had another profuse hæmorrhage which was controlled by styptic cotton and the compress bandage. The patient has had his strength kept up as much as possible, but, notwithstanding, is very weak. The swelling of the cellular tissue of the orbit is immense, protruding between the distended lids, so that the whole appears about the size of a hen's egg. *Phosphor. i.*, was given to-day.

June 7th. Another attack of profuse bleeding this morning. Again checked by employing the styptic

cotton and tight bandage. There is a little oozing this afternoon, but the pulse is good and his general condition fair.

June 8th. About eleven o'clock last night he began to bleed so profusely that within five minutes not only the compress bandage had become saturated, but also the pillow upon which he lay. More or less severe hæmorrhage continued all night, necessitating the constant attention of the house surgeon. During this time a great variety of hæmostatics were employed, but with no avail. Besides the use of ice pressure and styptic cotton, injections of ice-water, hot water and a saturated solution of perchloride of iron were made to the bottom of the orbit, while at the same time Gallic acid, Ergot, or Ferrum persulph. was administered internally. Towards morning the application of the ashes of brown paper and again of flour seemed to be followed with some temporary benefit. Notwithstanding all these measures, however, the hæmorrhage could not be controlled. The patient is all the time growing weaker and now appears almost exsanguinated. He is kept up by stimulants and as nourishing a diet as possible. About seven this evening, as the oozing of blood, more or less profuse, still continued, the orbit was cleansed of clots as thoroughly as could be done, and the cavity syringed with water. Afterwards a small piece of "spunk" was packed snugly into the orbit and the whole covered with a compress of the same material held in its place by a tight bandage. At 11 P. M. note was made that the bleeding had been at once stopped and had not then reappeared, though the patient complained of severe headache, relieved by cold applications, and also suffered from much nausea. An ice bag was applied to the head and China, alternated with Ipecac iii every hour.

June 9th. No hæmorrhage. Removed the outer covering of "spunk," but did not disturb that packed in

the orbit. Dressed with Calendula.

June 10th. About 10 A. M. slight oozing of blood was observed. The "spunk" was again applied, when it at once ceased. The swelling of orbital cellular tissue is still immense and very hard. China 8 and Rhus.¹

June 12th. There has been no hæmorrhage since the last date, with the exception of a slight discoloring of the discharges. Yesterday the discharges becoming offensive, the "spunk" was removed from the orbit and Platt's chlorides (1 to 4) used. The odor is therefore much diminished to-day. The swelling is still hard and excessive in amount. Ordered the swollen lids and protruding cellular tissue of the orbit brushed every hour with a 4% solution of salicylic acid in Glycerine, and gave Phytolacca.

June 19th. Has been improving rapidly. The swelling is not more than one half its original size and is very soft. The discharge is still considerable. Phytolacca (gtt x : ̄j) was now prescribed locally while it was continued internally.

June 26th. Only moderate swelling at this time and discharge greatly diminished.

July 8th. Discharge cured.

CASE II.—Mrs. M., æt. 65, was sent to me May 3, 1879, for advice. The history of her trouble was as follows: Twenty-five years ago she had noticed a small black spot on the "white of the right eye" near the outer border of the cornea. It remained stationary until five or six years ago, when it began slowly to grow, and within the past six months has increased in size quite rapidly and become inflamed. Examination shows now a growth, black in color, at the center, shading off to a grayish brown at periphery, elevated about 1 mm. above the surface of the cornea and extending from the corneo-scleral junction, outer side, over nearly one half of the pupil. The conjunctiva is slightly injected. The tumor is slightly vascular and supplied by two very large superficial conjunctival vessels. Rv. ¹⁰/₂₀₀. The left

eye appears normal with the exception of a small macula or cornea and striated opacities in the lens. Lv $\frac{20}{100}$. The diagnosis of "Melanoma corneæ" is made, as her general health is good and the tumor seems to be local, confined to the cornea, internal medication is recommended while the case is watched.

March 16, 1881. A careful examination has been made at frequent intervals during the past two years. After four months treatment under Caust. or Thuja the test of the vision was: Rv. $\frac{20}{100}$, Lv. $\frac{20}{50}$. No decided change was, however, to be observed in the tumor. In January, 1880, the growth seemed to be again extending, so that by May of this year it had covered three-fourths of the pupil and Rv. $\frac{12}{200}$. From this time to present date it has appeared sometimes better and sometimes worse, but upon the whole there has been a gradual extension of the disease, though it is still confined to the cornea, involving nearly four-fifths of its surface. Various remedies have been employed at different times, as Sepia, Sil., Aurum, Hydrocotyle, Lapis alb., Kali mur., Calc. phos., etc. Enucleation of the eye is now advised.

April 18, 1881. This afternoon about three o'clock ether was administered, and the eyeball removed. No more than the customary amount of hæmorrhage followed the operation. A firm compress bandage was applied and the patient put to bed. Two hours later, the patient complaining of some pain, the bandage was examined and found saturated with blood. It was at once removed, when the blood began to run in streams down the cheek. The lids and orbital cellular tissues were infiltrated and swollen. From this time until about eleven o'clock, a period of five or six hours, the hæmorrhage continued more or less profuse. She was a large, plethoric woman, but in a short time the pulse became weak and intermittent. Stimulants in small amount soon increased

the strength of pulse. Various internal remedies were administered, while locally pressure bandage, pressure by means of finger in orbit, ice, styptic cotton, and hot water injections were all employed with no permanent benefit by Dr. Deady and myself. About eleven P.M. Dr. Liebold saw the case with me in consultation, but by this time the hæmorrhage had been nearly controlled under the use of ice-water injections. At his suggestion, however, per sulphate of iron was prescribed in five drop doses.

There was no hæmorrhage after this date, and the patient made a good recovery. No complications were observed with the exception of a moderately profuse discharge from the orbit and a small abscess in the cellular tissue of the lid, which disappeared in about ten days.

Examination of the tumor confirmed the diagnosis of "Melanoma Corneæ."

Remarks.—Immediately after the removal of an eye a certain amount of bleeding naturally follows the division of the vessels; but this is almost invariably small in quantity and is at once controlled by firm pressure or the application of cold water. Secondary hæmorrhage is an extremely rare complication. From a fairly thorough examination of the literature pertaining to diseases of the eye, not a single case has been found of secondary hæmorrhage after enucleation of the eye which can be compared in severity to Case I., and only a very few in which the hæmorrhage has been equal to that in Case II. The cause of the extensive and continuous hæmorrhage in the first case is without doubt to be assigned to the hæmorrhagic diathesis, as was evidenced by the history of a previous wound in which the bleeding could not be controlled for two or three months, and also by the non-absorption of the blood in the anterior chamber when he first came under our care.

In the treatment of Case I. it will be observed that all the most com-

monly recommended measures for controlling hæmorrhage were employed without avail. After the failure of all these, the use of the "spunk" was followed by immediate and permanent cessation of all bleeding. "Spunk" is one of the species of Agavic (*Boletus iquarius*). It is a fungus growth found upon the oak and is prepared by removing the outer rind and cutting the inner part into thin slices which are then beaten with a hammer until they become soft and pliable. It was formerly highly commended as a hæmostatic, but is now rarely employed except in controlling obstinate hæmorrhages from leech bites. In the case above reported it is true that we cannot say whether the bleeding was stopped by the application of the agavic or had ceased on account of the exsanguinated condition of the patient. Taking all the circumstances into consideration, however, we are inclined to believe that some benefit was derived by the application of the "spunk;" at least we would bear it in mind in a similar case.

Case II. was of interest both on account of the primary disease (melanoma corneæ) and the complication after removal of the eye. The tumor presented all the characteristic appearances of melanoma as described by Saemisch and other writers. There has been no return of the disease within the past two years, and the patient is apparently in good health. The cause of the after hæmorrhage in this case is by no means evident; There were no indications of hæmatophilia, and that the nature of the disease could have had any influence in this direction does not seem reasonable. In the treatment it will be noticed that most benefit was derived from injections of ice water deep into the orbit and the internal administration of persulphate of iron.

Mr. Emerson very kindly and characteristically says that a weed is a plant whose qualities have not yet been discovered.

CONCUSSION OF THE BRAIN.

BY

PROF. F. E. DOUGHTY, M.D.,

New York.

Perhaps in no department of surgical pathology will the student find more conflicting views than those expressed by the various authorities as regards the nature of concussion of the brain.

Discouraging as this statement is, we do not think it will be time and effort ill spent if we briefly review the opinions of those who have devoted so much study and investigation to this important subject.

Mr. Thomas Bryant says: . . . "The experience of the post mortem room shows that in all cases of death from concussion of the brain some changes in structure are to be found if carefully looked for; some bruising or laceration of the brain, some bleeding into its substance. In fact, death from concussion of the brain without change of structure does not take place—concussion and contusion of the brain being always associated in fatal cases."

At Guy's Hospital during a period of fifteen years not a fatal case of concussion of the brain was recorded in which some brain lesion was not found.

Mr. Hewett states that in every case in which he had seen death occur shortly after, and in consequence of, an injury to the head, he found without exception ample evidence of damage done to the cranial contents.

Mr. Le Gros Clark, of St. Thomas's Hospital, states: "I have never made nor witnessed a post mortem after speedy death from a blow on the head where there was not palpable physical lesion of the brain."

M. Tano, a recent French writer, does not believe that the attributed symptoms of concussion are due to concussion itself, but rather to contusion of the brain or to extravasation of blood.

With this testimony as to the exist-

ence of decided lesions, let us inquire at this point what they are.

When the injury is the result of a direct blow, the brain mischief may be only local, yet it is more usual to find the opposite side of the brain also bruised by what is called *centre coup*, to an extent greater than at the seat of impact. Thus, when the fall is upon the vertex, the base is bruised, when the occiput, the anterior lobe, etc.

When the blow is very severe the cerebral substance may be rendered soft and semi-diffuent, though no distinct rupture of its substance appears to have taken place. In other cases rupture may occur. In all cases blood will be extravasated to a greater or less degree, and may be excessive if the vessels are diseased. If the extravasation is upon the surface of the brain it will be either upon or within the membranes, within the cavity of the arachnoid, or in the meshes of the pia mater, and under both circumstances it will tend to gravitate to the base.

Or, the extravasation may be into the substance of the cerebral substance itself, it may be into the cerebrum, cerebellum or pons, or into the ventricles; generally showing itself as small apoplexies rather than in one large clot.

But the views of such eminent authorities as above quoted are not by any means universally accepted.

Huguenin considers that concussion and contusion of the brain are radically distinct affections—that while contusion is usually associated with concussion, the latter may occur alone and is totally distinct from the former. He quotes Burns and Fisher as having noted marked circulatory disturbances—marked arterial anæmia and equally marked venous hyperæmia—and that these are the sole constant appearances.

Billroth expresses his belief that serious accidents or even death may occur from concussion of the brain, and no lesion be found after death.

Fischer, of Breslau, has called at-

tention to a fact that dislocation, shaking up and solutions of continuity of the brain do not lead directly to coma, but that this condition always depends upon some complication.

If then the lesions found are not the cause of the phenomena of concussion, and if concussion can occur in a fatal form without lesions, what has occurred to cause death, or the state known as concussion of the brain?

Fischer believes that the symptoms are due to reflex paralysis of the intra-cranial vessels, thus impeding the normal afflux of oxygenated blood to the cortex. In other words, disturbance of circulation, not due, however, to mechanical expression of the blood out of the bloodvessels from the blow or fall.

Nothnagel, endorsed by Huguenin, considers that strong irritation of the peripheral sensory nerves causes contraction in the vessels of the brain.

This view is opposed by Jolly, Rigel and Frey; also by the failure experimentally to induce coma by reflex irritation of the vaso motor nerves. Again, reflex contraction of the arteries of the brain is transitory while the symptoms of concussion may exist for days.

Duret, from experiments, concludes that increased tension of the cerebro-spinal fluid is the cause.

Lastly, many hold the view that a severe jar of the whole head mechanically affects the brain; and molecular dislocation of the elements of the brain is supposed to account for the remarkable association of symptoms.

From a review of the evidence before us we conclude that: in some cases of concussion, though death be due directly to such concussion, no lesion may be found, and the fatal issue must be attributed to a commotion of the nervous substance, including dynamical changes, vague and indefinable in the nerve cells and their connecting fibrils; or to changes in the cerebral circulation due to paralysis: while in others, and

perhaps the large majority of cases, the fatal termination is due to : simple great congestion of the cerebral vessels ; numerous capillary apoplexies ; a bruised condition of some part of the brain, or more or less extensive laceration of its substances, and extravasation of blood.

Whichever view may be correct, we agree with Mr. Bryant that :—“when it is generally accepted as true that concussion and confusion are synonymous terms the principles of the treatment of such injuries will be better appreciated.”

Symptoms.—In its simplest form the system is laboring under a shock, aptly compared to that produced by a sudden loss of blood. The countenance is pale, ideas are confused, yawning and nausea are about all the symptoms presented. Ere long the patient will open and rub his eyes, and looking about him will come to himself, get up and go his way.

Should the injury be more severe the loss of consciousness will be complete, not so profound, however, but that the patient may respond in a drawling monosyllable if loudly called to, but immediately relapsing into unconsciousness : there will be total loss of motion, the features contracted, the surface cold and often covered with perspiration ; the pupils are variable ; usually contracted, sometimes dilated, or one contracted or dilated, the other being normal ; the respiration sighing, slow, irregular, sometimes scarcely perceptible ; the pulse soft, feeble, fluttering and intermittent. These phenomena may continue for only a few minutes or last for several hours. If recovery is to take place, gradually signs of *reaction* will appear, the advent of which will be announced by the countenance regaining its normal appearance ; the natural warmth will return to the surface, the perspiration will cease, and the pulse will become stronger, more rapid, and regular ; emesis may occur, and is a favorable sign. Soon a limb will be

moved in an impatient and purposeless manner indicating a return of will power and consciousness, which from this point on is usually rapid, and in a few days the patient will be quite himself again, he meantime having felt a little heavy and dull, with an indisposition for either mental or physical exertion.

Should the case not take such a favorable course, however, but proceed toward a fatal issue, the insensibility will become more profound, coma, and the symptoms of compression will gradually develop : or, if reaction prove excessive those of meningeal or cerebral inflammation will supervene. This latter complication not infrequently being developed in a marked degree in cases that end in recovery.

Occasionally epistaxis will occur, or effusion of blood into the lids of both eyes, or hæmorrhage from the ear directly after the accident. In some cases transient diabetes may be present and continuing for some days. Rarely diabetes insipidus follows on diabetes mellitus, or is present from the commencement.

More common is the presence of albumen, or blood cells, or both, in the urine.

Relapsing unconsciousness is occasionally met with. The patient having regained consciousness, suddenly relapses into insensibility, and this may occur several times before perfect recovery. It is not at all uncommon to have convulsions occur during the stage of reaction in children, and they usually have no serious import. But when appearing in adults they are generally indicative of injury of the brain, and are consequently a cause for anxiety.

Diagnosis.—The symptoms presented in a case of concussion are not so characteristic that one may positively diagnose the condition from similar conditions produced by other causes. Indeed, unless some history can be obtained from one acquainted with the patient, or who has witnessed the accident ; or till the suf-

ferer returns to consciousness; or till the autopsy furnishes the requisite data, it may be impossible to make a correct diagnosis. The affections for which concussion may be mistaken are: compression from concealed fracture, cerebral hæmorrhage from wounded or diseased vessels, uræmia, epileptic coma, sunstroke, poisoning with alcoholics or opium, hysteria.

Only when the symptoms continue unduly long can we conclude that there has been a contusion. While it is true that at times it may be impossible to distinguish concussion from compression, for both conditions may exist simultaneously, yet there is usually a marked difference in the symptoms as the following comparison will show:—

COMPRESSION.

Not always so.
Insensibility complete.
Respiration slow, stertorous.
Pulse slow.
No vomiting.
Urine, and fæces retained.
Pupils insensible to light.
Paralysis, usually hemiplegia.

CONCUSSION.

Development sudden.
Can be roused generally if loudly called to.
Respiration, sighing, slow, irregular.
Pulse soft, feeble, fluttering, intermittent.
Often vomiting.
Urine and fæces passed involuntarily.
Pupils react.
Paralysis, usually none; if present, generally of one or more of the cranial nerves.

Paralysis of one or more of the cranial nerves may exist from the beginning, or come on later, and may be either transitory or permanent. Thus, we may have blindness from injury to the optic, loss of motion in the tongue from involvement of the hypoglossal, loss of sensation in the face from damage to the fifth pair; or the facial and auditory may suffer.

When a part of the left hemisphere outside of the corpus striatum is injured aphasia may be present.

Injuries to the right side of the brain are more often associated with convulsions than similar lesions on the left side.

Prognosis.—This should in all cases be very guarded, for even slight and apparently insignificant injuries, to the head may result in permanent damage to the patient. A hopeless dementia developing, and subse-

quently the patient dying, the autopsy failing to give any visible trace of the malady.

Injuries to the right hemisphere are more rapidly fatal than equal injuries to the left.

Treatment.—Bearing in mind what has been said in regard to diagnosis and prognosis, the treatment must be conducted with great care.

Reaction is to be brought on as soon as possible, but not by too forcible means.

In mild cases, absolute quiet and watching for a few days, with moderate non-simulating diet and the exhibition of Arnica is about all that is required.

In more severe cases, reaction is established by warmth to the body generally, and especially to the extremities, stimulants to the nostrils and internally, but used cautiously for fear of exciting excessive reaction, and lighting up a cerebritis or meningitis, or provoking a fresh hæmorrhage. Opium, Laurocer, Verat alb., Hyos. or Stram., may be required during this stage.

Reaction having been established, perfect quiet, both physical and mental, should be secured, the head raised, diet plain. If there should be much heat about the head, ice should be applied continuously, and such remedies as Acon., Bell., Glon., Cicuta, Amyl. nit., Gelsem., Apis, employed as may seem indicated.

CIMICIFUGA IN DISEASES OF THE EYE.

BY

GEO. W. WINTERBURN, PH. D., M.D.,

New York.

Of the many herbs belonging to the natural order Ranunculaceæ there are none more worthy of our affectionate regard than Cimicifuga. Black snakeroot, or as it is better known black cohosh, was called by the early herbalists macrotys racemosa, and by that name it is still best

known to a large majority of the Eclectic brotherhood. At a later period, the botanists classified it as an actæa; and as actæa it is known in the school of Hahnemann. Finally the botanists separated it from the baneberries, and, typifying its offensive odor, rechristened it bugbane, or *cimicifuga*; and by this name it is prescribed by the Allopathic fraternity. So we have the three great schools of medicine using this drug under three distinct names. As the botanists have now, probably, determined its proper name permanently, it seems best to conform our medical nomenclature to theirs, and so I invite attention to it under the name of *Cimicifuga Racemosa*. It is an indigenous, herbaceous, stately plant, growing to the height of eight feet, in rocky woods from Maine to Georgia. The root is the part used; it yields its virtues to alcohol, and the resulting tincture strongly resembles laudanum in taste. The root contains an alkaloid, *Cimicifugin*, a resinoid, a neutral principle, a volatile oil, tannic and gallic acids, black and green coloring matters, fat, gum, starch, salts of iron, lime, magnesia and potassa.

Overdoses of *Cimicifugin* (more commonly called *macrotin*) cause agitation, both mental and physical. Restlessness, apprehensiveness and sleeplessness are the principal factors of its influence. The mind becomes dull and heavy, vision impaired, pupils dilated, and the expression of the eye wild and startled. The head aches severely, mental equipoise is lost, and sometimes a condition resembling delirium tremens is induced; and even when the impairment of function does not reach that degree of aberration, strange fancies take possession of the brain. Sharp pains in various parts characterize its presence, especially invading the pleura, but also the dorsal and lumbar regions. Associated with these are twitches and tremors of the extremities, palpitations and præcordial anxiety, prickling and itching in the skin,

and profuse catarrhal coryza. The bowels show a disposition to diarrhœa, with large papescent stools; the urine becomes profuse, pale and watery; there is pain and tenderness of the testicles in one sex, and vaginal leucorrhœa and uterine hæmorrhage in the other. Affecting the left side the most, there is a bruised sensation all over, and the general feeling is of weakness, trembling, and despondency. There is great sensitiveness to cold air, and profound exhaustion from the most trivial exertion or the slightest excitement.

In therapeutic action, this drug is related to Aconite and Arsenic, Caulophyllum and Ergot, Arnica and Digitalis. It is used in diseases of the eyes, in neuroses, and in affections of the muscular, vascular, ovario-uterine and respiratory systems. Thus it will be seen its range of action is extensive, but at the present time I desire only to call attention to its value in optic disorders.

Excruciating pain, and the concomitant symptoms, in the eye-balls and the surrounding integument and tissues, is characteristic of *Cimicifuga* poisoning. But long before these physiological sequences were noted and tabulated, the drug was in frequent use in ophthalmic diseases. It may be used in hyperæmia and hyperæsthesia of the conjunctiva, iris, and retina, due to over use; in æsthenia of the muscular and retinal tissue; in photophobia from mere weakness; in dimness of sight or double sight; in paralysis of the optic nerve; in dilated pupils, with black muscæ volitantes; and in both catarrhal and rheumatic ophthalmia.

The pains which particularly indicate *Cimicifuga* are *within* the eye-ball, are aching, sore, and fixed; resemble rheumatism rather than neuralgia; are often severe without any outward indication; and are increased by movement.

The following case of retinal hyperæsthesia is fresh in my mind, and is quite a typical example of several of the conditions for which I advise

this remedy : T. M. B., a wood engraver, aged twenty-eight, had long been troubled with weak eyes from over-use. He had several times abandoned work, for weeks together, on account of his visual troubles ; but of late having been employed on some very delicate work, his eyes were worse than ever. The retina was extremely sensitive, so that even a moderate light caused photophobia, and on exposure to a bright light chromatic rings and parti-colored clouds (chromotopsia) obscured vision. Indeed so sensitive was the retina that impressions made upon it, even in moderate light, continued perceptible after the eyes were turned to another object, thus producing confused vision. There was ciliary irritation, accompanied by slight lachrymation and considerable pain. The pain was aching in character, remained even if the eyes were kept shut for a considerable period, and was greatly increased by moving the eye-ball laterally. Upon casual examination the eyes had a natural appearance. He was completely cured in three weeks by using the second decimal trituration of *Cimicifuga*, and has worked regularly for several months without any return of the trouble.

In monolateral paralysis of the optic muscles due to rheumatism, I have seen good effects follow the use of *Cimicifuga*. M. O'D., aged thirty, a commercial traveller, came for relief from paresis of the superior rectus muscle ; the history of the case showed a predisposition to rheumatic disorders, and the immediate cause of the attack was exposure to severe cold. There was a downward squint of the affected eye (right), partial ptosis, and great inconvenience in ascending steps, compelling the head to be carried in a backward direction. Faradization had been applied by a specialist without amelioration. I gave him two-grain doses bi-hourly of the third trituration of *Cimicifuga*. This was followed by almost instant relief, and in three or four days the paresis had entirely disappeared.

The following case of accommodative asthenopia was cured by this remedy. The external appearance of the eye was normal, the pupil was of natural size, the action of the optic muscles perfect, and the visual powers good, but on reading or doing needle work for even a short time, there was a feeling of fatigue and tension, the letters blurred or the work became indistinct. If the use of the eyes was continued they became hot, there was aching across the brow, and occasionally even nausea was induced. No predisposing cause could be elicited (the patient was a fourteen year old girl), but *Cimicifuga*, twelfth trituration, removed the whole trouble in a week, without any change of habit or alteration in her daily life.

NASO-PHARYNGEAL CATARRH IN THE YOUNG.

BY

PROF. J. M. SCHLEY, M. D.,
New York.

I have not deemed it necessary or wise to write an exhaustive article on this subject, but simply to mention some facts that have arrested my attention during the past year or two. Physicians are so prone, and unwisely so, I think, to make light of or even *neglect* certain abnormal states of health with which they are daily thrown in contact. They grow familiar with these frequently seen maladies and treat them with indifference. For example—a patient with well marked phthisis applies for advice. The limitation, etc., of the trouble is well defined—the case is a bad one—you advise this or that mode of treatment, a change of air perhaps, etc. You hastily go over in your mind if any other physician could do any better in the way of prescribing for this case, and if the answer be that you have partially fulfilled your duty, the patient is dismissed from your office and your mind. You look upon this particular case as incurable, and there is an end

of it. With catarrh of the naso-pharynx we can safely make the same statement—but may put it stronger. Doctor Morell McKenzie on his return to London spoke of the inhabitants of this continent as suffering from a *national* naso-pharyngitis, and inasmuch as he spoke of the people living north of Virginia, he has hit upon a good term.

We all know of the great prevalence of a chronic inflammation, a chronic infiltration and swelling of the m. m. of nose and pharynx in our midst from the richest down to the poorest. That this chronic condition commences as an acute or subacute affection I have no doubt. From its great frequency and apparently harmless effects physicians in general think very lightly of it. In children I have found well developed catarrh at 18 months, and as we examine them carefully from that age on we will notice its greater frequency. I make no allusion here to scrofulous, syphilitic or tuberculous infants, we all are acquainted with the great liability of the mucous surfaces of such persons to undergo inflammatory changes with co-affection of the neighboring lymphatics. I have seen children born of healthy parents having all the appearances of ruddy health develop catarrh in a very short while. These children have, some of them, been placed in the most favorable hygienic surroundings. These little ones catch cold in the head, get rid of it, catch another and get rid of it in due time during the same winter, and so it goes. If you examine one of these little ones in the Fall and then in April of the following year with a nasal speculum, you will notice that the m. m. covering the different turbinated bones has a bluish-gray color and projects more into the nasal fossa, occluding its lumen somewhat. This may be unilateral—more frequently, however, both nares are involved. The child sleeps badly, breathes through its mouth by day and night, and hard inspissated mucus is seen clinging

to the turbinated bones or septum by simply throwing the head back, and you may even now detect an odor anything but agreeable in coming close to the child. The odor is what often brings a sensitive mother to the doctor.

The recognition of catarrh in young children cannot always be as satisfactorily done as in adults; there are exceptions, however, in their docility. The condition of the alæ externally, whether cracked, fissured or reddened with deposit of scaly epidermis, the color of the m. m. by pressing the alæ asunder, presence or absence of secretion or odor, swollen or sunken condition of m. m. over septum and turbinated bones are all the points of importance we wish to notice. Deflections of the septum, impacted foreign bodies producing catarrh, deformities of bone and necrosis, ditto, need not be mentioned here. In the pharynx if we can obtain a good view we notice often in children a year old enlarged tonsils, enlarged follicles, a granular appearance on posterior wall, glairy mucus, thickening of the m. m., etc. This extends up into the naso-pharynx and down into lower pharynx. This condition of the pharynx is productive often in children of a hard, dry, obstinate cough. The uvula I have not seen long enough for amputation except in a boy between 7 and 8 years of age. These tonsils frequently take on inflammation, and produce a fever that puzzles the doctor to make a diagnosis. I have seen many of this kind where mistakes as to nature of disease were made. In drawing out these tedious facts, so well known to you all perhaps, I have my purpose. In works devoted to laryngology and otology you frequently come across articles where the relation of the naso-pharyngeal cavity and the ear are closely studied. In this cavity we have the so-called tonsils of Lushka. They become hypertrophied, and when so, except in very anæmic subjects, are always very much congested and covered often by a thick

muco-purulent discharge. Many aurists of to-day claim that there is little to base a decided opinion on—as to catarrh, pure and simple, whether of an aggravated or mild character, producing eustachian swelling and middle ear disease. In countries—yes, even on this continent—the further south we go the less catarrh and deafness do we meet. If I should speak from my own experience, I should say that the vast majority of cases of middle ear trouble is caused by extension of an inflammatory trouble from a neighboring similar tissue. I allude now more to my experience in this city. I always examine a patient's ears, and hearing sometimes, when he comes to me for treatment of catarrh of the nose. If we compare the extension of inflammation in other portions of the body, we find a uniform result, though the *product* of this inflammation may differ from that found in the organ from whence it spread. We have catarrh of the nose extending along the nasal duct producing sometimes adacryocystitis, and often this nasal duct cat. cannot be cured until the rhinitis is relieved—from the larynx inflammation extends to trachea, from trachea to bronchia, from bronchia to capillaries, from pharynx to œsophagus, from small to large intestines, from uterus to fallopian tubes and ovaries, from urethra to bladder, and so on, and why then may not from pharynx to middle ear?

Catarrh in children should be attended to from this source of danger if from no other, for it is my experience daily that young children suffering from naso-pharyngeal catarrh and enlarged tonsils of pharynx and fauces, suffer *more* from middle ear trouble when attacked by scarlatina and morbilli than those who are well.

Middle ear trouble existing with naso-pharyngeal catarrh is *often* much relieved by the latter being benefited or cured.

It is my firm belief that 95 per cent. of the cases of catarrh originating in

those born and brought up here commence in childhood, and if neglected lead to atrophic catarrh or ozæna, a disease practically incurable. Dr. Bosworth, of this society, has tried from histological studies to prove that atrophic catarrh is not secondary to the hypertrophic form, but may develop as a primary malady. His deductions are drawn to some extent from the *normal* state of these tissues. From a clinical experience of some extent I should differ with him most decidedly.

Treatment.—Clothing—putting the patient in flannel or silk; cold sponge baths all the year around; open grate-fires in preference to this miserable dry air heat and steam heat. Experiment with water shows evaporation in my office, of two quarts daily. The demand on the moist mucous membrane that must be made by such an atmosphere. The sudden changes from a heated room into the temperature on the street. Outdoor exercise in all weathers. *Attending to rhinitis at once.* In children, local treatment difficult; white vaseline on a brush, the spray, glycerine, etc. Amputation of tonsils if necessary. *Homœopathic medication in early stages.*

RHUS TOX. IN LUMBAGO.

BY

JAMES W. WARD, M.D.,

House Physician, Hahnemann Hospital, New York City.

CASE I.—Mr. J. S., aged 27, occupation a groom, subjected to a moist atmosphere during hours of labor, entered hospital September 29, 1883, complaining of a bruised pain in small of back, which had existed with occasional aggravations for one year. Pain as if sprained, extending from hips to knee, worse on the right side: a stiffness of back and bending spine caused severe pain. Pains relieved by lying on hard bed. Stiffness relieved by motion. Rhus tox.

30 administered ever three hours for three days, followed by an interval during which "sac lac" was given. The pains were, within a few hours, ameliorated.

The patient remained receiving treatment for two weeks under *Rhus tox.* 30 and 200, and was then dismissed, cured.

CASE II.—W. J. C., aged 18, often exposed to vicissitudes of weather. Had suffered for eight weeks with severe pain in small of back, worse when at rest and commencing to move, but relieved when in motion. Pain advanced around left side to both groins and downward to knees. A feeling of internal restlessness necessitating motion, although causing pain when commencing to work. Worse before a storm.

Rhus tox. 30 given every four hours. Entirely cured in one week.

OBSCURE CAUSES OF ACUTE NEPHRITIS.

BY

HENRY B. MILLARD, M.D.,

New York.

I am not aware that ginger has been mentioned as capable of producing renal inflammation. The following case, however, shows that it may produce nephritis of a severe character. It occurred in my practice several years ago: The patient was a gentleman, thirty-four years of age, whose health was excellent, except that he was a sufferer from dyspepsia, producing severe flatulent colic. To obtain relief from this he one day took, at intervals of an hour, a teaspoonful of Brown's essence of ginger. The next morning at 5 o'clock he had a severe chill with incessant micturition and strangury. It was as if he had taken a strong injection of nitrate of silver. There was considerable fever; urine scanty, highly albuminous, and containing blood. To relieve the scalding and pain, I prescribed a mixture of *Hyoscyamus* and bicarbonate of potash, which

was taken in alternation with *Aconite*. In two days the patient was quite well. I had attributed the attack to sudden cold, but was surprised by the rapid cure. A week after, he took the ginger in similar doses; it was followed by the same effects. This time I discovered the cause of the attack. He discontinued the use of the drug, and has had no trouble with the kidneys since. The effect was precisely analogous to that of *Cantharides* in doses which are not poisonous, as shown by *Cornil*, who states that the cells in the uriniferous tubules quickly return to their normal state, though hyaline casts are found in their interior twenty or thirty hours after. The congestion excited by the irritants above mentioned is generally evanescent, leaving no permanent change. Short as was the duration of the attacks produced by the ginger, they were typical cases of acute nephritis.

Bouchard recognizes an "infectious" nephritis, either transient or permanent, caused by infectious elements in the blood, which in the course of their elimination by the kidney irritate the organ in their passage and alter its structure. This nephritis is often produced in scarlatina, diphtheria, typhoid fever, pneumonia, small-pox, etc. He has also shown that in the conditions microbes traverse the kidney producing irritation, congestion, albuminuria, etc., these disappearing as the fever diminishes and disappears.

Capitan has produced, in a number of instances, nephritis with hæmaturia by intra-venous injections of beer-yeast, the spores in 24 hours appearing in the blood and urine, with albuminuria casts, etc. The nephritis, spores, etc., disappeared in a few days.

The theory of so distinguished an investigator as Professor Semnola, of Naples, deserves mention, though it does not seem possible to me that the causology of more than a limited proportion of cases, if any, of nephritis is what he claims it to be.

Briefly he finds that the injection or transfusion of various kinds of albumen into the blood of animals produces albuminuria and nephritis. He states that in Bright's disease there is a general transudation of albumen, it being found in the bile, saliva, etc. He finds ordinary egg albumen most liable to transude and cause irritative trouble. He believes the cause of renal albuminuria to be found in the blood. These two points must, however, be borne in mind. 1st. There are numerous substances which injected into the blood will produce albuminuria. 2d. Albumen in the secretions is not necessarily an indication that albumen in the blood causes nephritis; it may be the result of the latter. The only practical deduction from his experiments, however, seems, in the opinion of the *Medical Record*, "that egg albumen should be forbidden, and serum albumen prescribed as an article of diet."

The possibility of malarial poisoning producing acute nephritis has been questioned. It is, I think, a very infrequent cause. Still, I have known several instances where it has been thus produced. Two especially illustrative are the following:

CASE I.—Mr. F—, aged forty-two. In the summer of 1876 he suffered, while in the country, with severe fever and ague. Returned to town in October and considered himself cured. During the middle of the month, however, the quotidian type of intermittent fever declared itself. The paroxysms were severe, accompanied by great bilious derangement, white tongue, and violent vomiting. In about a week they were broken up, but a few days after the urine became scanty, the face swollen, and nausea re-appeared. On examining the urine I found blood, albumin, epithelia, and blood casts. The attack proved a severe one, and it was several weeks before convalescence was established. Mr. F—'s health had been for many years exceptionally good previous to the attacks of mal-

arial fever. Fuller details are given under case II.

CASE II—Acute Hæmorrhagic Nephritis, accompanying Malignant Remittent Fever.—This case occurred in a locality in North Carolina, where it is frequent and almost fatal. It is known there as "Black Jaundice." The urine of a patient thus affected was sent to New York in the autumn of 1882, and examined by me with the following results:

1—Urine dark, like molasses; 2—highly albuminous; 3—epithelia from pelvis of kidney; 4—blood; 5—pus corpuscles; 6—epithelia from convoluted tubules; 7—epithelial, granular, and blood casts; 8—shreds of connective tissue; 9—coagulated blood plasma.

--- THERAPEUTICS OF APHASIA.

BY

CHARLES PORTER HART, M.D.
Wyoming, Ohio.

In a recent number of the HOMŒOPATH we gave the characteristic symptomatology and the pathology of aphasia. We now propose to discuss the treatment called for in this disorder. We have elsewhere expressed ourselves on this subject as follows:—It is no doubt a very fortunate thing for many cases of aphasia, that the cerebral centers are doubly arranged, as thereby patients often gradually recover their powers of speech, notwithstanding the want or inefficiency of treatment. It is probable, also, that occasionally, after the function has ceased in consequence of the blood having been suddenly shut off by an embolus from the portion of brain supplied by the middle cerebral artery, the collateral circulation becomes free by the enlargement of connecting arteries, and the function of speech is restored. These considerations should lead us not to overestimate the effect of remedies in aphasia, as many of the cases reported cured might have recovered just as soon had no medicine been taken.

It is plain that the main object of treatment should be, if possible, to remove the cause ; and if this cannot be accomplished, to diminish its effects. In the case of an embolus this is not practicable ; but if syphilis is at the bottom of the trouble, *Kali iodatum*, persistently given, will be likely to produce good results. If the disease depends simply on cerebral congestion, such remedies as *Belladonna*, *Gelsemium*, and *Veratrum viride* will prove beneficial. If, on the contrary, there is an anæmic state of the brain, *Kali bromatum* or *China* may be required. Such cases as depend upon, or are associated with, epilepsy should receive the treatment required for the cure or amelioration of that disease. In short, the primary affection, whether it be cerebral hyperæmia, anæmia, hæmorrhage, tumor, softening, or abscess, should receive special attention and treatment. With due regard to these particulars, we may employ such of the following remedies as may appear to be most strongly indicated, with some hope of success, remembering that all such lists are necessarily very imperfect, and that, so far as any particular case is concerned, they may or may not be appropriate. Notwithstanding, therefore, the clinical evidence in their favor, we give them only for what they are worth, since, as already explained, we can never be certain that the medicine prescribed is entitled to any credit as a curative agent in this class of cases.

Special Indications.—*Kali brom*—The long use of this remedy, in the hands of Dr. Hammond, has been known to produce aphasia ; it is therefore homœopathically indicated in such cases, especially when it co-exists with a general anæmic state of the brain.

Kali iod.—This remedy is specially indicated in syphilitic and epileptic cases. Prof. Berger cured a case of ataxic and amnesic aphasia and agraphia, with this remedy, in a boy affected, at longer or shorter intervals, with epileptic fits, resulting from

a fall, after Atropine and Kali bromatum had failed to relieve.

Phosphorus.—This remedy is indicated in cases where the symptoms preceding the attack show general depression of the nervous system, as manifested by weakness, mental torpor, restlessness, and indecision.

Phosphorus is perhaps more generally relied upon in the treatment of this disease, than any other remedy. Its affinity for the cerebral tissues, and its beneficial effects in softening of the brain—a condition which is usually associated, to some extent, with aphasia—will probably explain the preference.

Phosphide of Zinc.—What is said above with reference to Phosphorus, applies with equal, or greater, force to this remedy. A number of apparent cures have been referred to it ; and when the case is attended with constant headache, weakness of memory, paralysis, and somnolence, it will no doubt prove a useful remedy.

Nux vomica.—Headache, with nausea and vomiting ; paralysis of the muscles of the lower jaw, the organs of deglutition, and the extremities ; epileptic paroxysms, especially when excited by mental emotions, stimulating drinks, rich food, or constipation.

Stramonium.—This remedy is specially indicated in hemiplegic cases, where the attack is preceded or accompanied by severe headache, restless sleep full of dreams, rush of blood to the head, and confusion of mind, with maniacal laughter and actions, or dullness and stupefaction.

I once treated a case of amnesic aphasia successfully with this remedy, in a young lady who, expecting soon to graduate, had overtasked her brain with mental labor, and who, previous to the attack, had long suffered with a deep-seated pain in the head, noises in her ears, sleeplessness, and confusion of mind. The attack was characterized by coma, stertor, dilated pupils, and hot and retracted head, followed by loss of speech and partial paralysis on the right side.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor:

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors:

Prof. S. P. Burdick, E. M. Hale, E. C. Franklin,
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood. Drs. G. N.
Brigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millsbaugh, Mrs. J. G.
Brinkman, Mrs. Julia H. Smith,

Our columns will always be open to a courteous and
fair discussion of all subjects connected with our practice,
as much as our space allows; but we do not hold
ourselves responsible for the opinions of our contributors,
unless indorsed in our editorials.

SUBSCRIPTION, \$2 per year, in advance. For accommodation of subscribers, this journal is not discontinued until an order is received to that effect.

Remittances may be made by Post Office order, check or inclosed in a Registered Letter, at our risk.

A. L. CHATTERTON PUB. CO.,
New York.

EDITORIAL.

True liberty consists in the privilege of enjoying our own rights, not in the destruction of the rights of others.—CONFUCIUS.

THE Legislature is now in session, and will probably soon have its usual supply of medical bills. It is a sufficient commentary on the animus of these measures that they all originate from one source. Nobody wants medical legislation but the Allopathic fraternity, and they only want it for the sake of the dear people.

* * *

We want no politics in medicine. Medical Boards made up of political appointees can never be depended upon to do justice to the minority. That is not what they are appointed for. There is little danger of the State of New York committing itself

to the inane proposition of a State Board of Medical Examiners, composed of six Allopaths, two Homœopaths and one Eclectic. Equal representation, three separate boards, or nothing, is what we demand. Preferably the last.

* * *

If legislation could be secured to prevent every ignorant physician, whether he is diplomated or not, and all those who kill more patients than the average doctor, from continuing to jeopardize the lives of the community, we would most willingly advocate such a law. But medical legislation is not wanted for such purposes by those who seek it. Their object has ever been the triumph of the strong over the weak, the building up of a favored class, the protection of themselves against the competition of successful rivals.

* * *

THE men in the Allopathic ranks who style themselves Liberals, and who are laboring for a new code or no code, are the chief advocates of this proposed State examination before-you-go-into-practice legislation. They are no more kindly disposed to Homœopathy than the veriest bigot among the Conservatives. They openly avow, at their meetings, that the opposition to Homœopathy has been a benefit to it, and they hope by changing their tactics to accomplish by subterfuge what they have failed to do by open warfare. They even advance the argument, unshamed by the disgracefulness of it, that patients are to be secured by this method, i. e., stolen under the guise of consultation.

LET no one make a mistake. These men mean the destruction of Homœopathy just as much as they ever did; and are only more dangerous now in that they have substituted cajolery for threats and abuse. There are a class of physicians among us who hanker after recognition by these self-styled regulars. History ought to warn such men that while the dominant school may be anxious to use them now to break up the Homœopathic organization, when that is accomplished they will be punished for their credulity by the very men they now seek to placate.

* * *

Now this is the sort of Homœopathy that is craving recognition. He was for a long time officially connected with Homœopathic institutions. He was called in haste to see a patient of ours, and diagnosing the case as 'malaria and hysteria,' said he would merely give something to quiet her till we arrived, called for a glass of water, poured therein some tincture of Aconite, tincture of Nux Vomica, and tincture of Capsicum, and ordered a teaspoonful of the mixture every twenty minutes. We saw the case two hours later, the patient then was in convulsions. We at once said, not knowing that the lady had been seen by this blooming son of Esculapius, this looks like strychnia poisoning. We were then shown the glass, and told of the visit. It need only be added that the case was angina pectoris.

* * *

AND this is Homœopathy. A frequent contributor to Homœopathic literature, and a most estimable gen-

tleman, reports, in the New York *Medical Times* for December, giving to a puerperal fever case "*Arsenicum* 2nd, and *Veratrum viride* 1st, in alternation at intervals of thirty minutes, also two grains of *quinine* every three hours, also *milk punch* and *beef tea* in as large quantities as the stomach would bear. A cloth saturated with *turpentine* was applied to the abdomen, and over that *hot flax seed poultices*, to be changed hourly. This treatment was continued several days *with little, if any, improvement.*" Fact, I assure you. And yet we are accused of abandoning Hahnemann and his teachings.

* * *

Dr. Dillow raised the point at the December meeting of the County Society that the law of 1880 did not take away from the county societies their right to revoke the licenses of physicians not members of such societies. There have been recently a number of resignations from the County Society on the plea that the law no longer required membership. Under the old law no one could collect fees unless a member of a county society. If Dr. Dillow's view should be sustained it leaves these restless gentlemen in a bad fix.

* * *

ALL Homœopathic physicians in the State of New York are cordially invited to attend the annual meeting of the Homœopathic (State) Medical Society, at Albany, on February 12 and 13. We give this early notice at the request of President Hasbrouck, so that every one may have time to prepare an essay, or a report of an interesting case, for the meeting. The value of such meetings depends upon the variety of subjects presented and the numbers in attendance. We earnestly ask each of our New York readers to sustain this society by their presence and active interest.

DIGEST OF THE HOMŒOPATHIC REVIEW (London) FOR DECEMBER, 1883.

I. Under the title of *In Corpori vili* the differences between the methods of the Allopathic and Homœopathic schools in testing drugs is discussed. Drs. Ringer and Murrell have been experimenting at the London Hospital with the nitrite of sodium, in cases of angina pectoris and allied states. Nitro-glycerine and nitrite of amyl having been used with marked success in angina pectoris, pseudo angina, asthma, neuralgia, megrim, and Bright's disease, they thought that nitrite of sodium might be used as a substitute. The drug was given in five and ten grain doses, and toxic effects were so pronounced that all the patients refused to take any after the first dose. Nitrite of sodium was first used in 1882 by Dr. Law, of St. Leonards, in epilepsy, but although since then extensively used by many, no cures have been reported. No claim is set up by Dr. Ringer that nitrite of sodium will do more than palliate in angina. It is in no sense curative. The editor of the *Review* points out the unsatisfactoriness of experiments thus made on the sick, and that therefore they should not be imposed upon patients.

II. Dr. Harmar Smith relates the cure of a case of ozæna, caused by the accidental crushing of the bridge of the nose, by Aurum, 3 trit. The medicine was taken *ter die* from May 9 to June 26.

III. Dr. Kennedy cured a case of abnormal axillary perspiration, which had been the source of much annoyance to the patient for eighteen months, with twelve doses of Silicea 6.

IV. Dr. Jno. C. Morgan is quoted as saying that for the insomnia of college professors, of business men, and of persons recently drinking too much, with late hours, etc., is met by Gelsemium, 3d decimal, better than by any other remedy. • •

V. St. George's Hospital, London, having had, for some time past, a

number of beds vacant on account of lack of funds, called a meeting to remedy so sad a state of affairs. Major Vaughan Morgan tendered £1000 a year for five years to maintain beds for the public test of homœopathy. This offer was declined, and the *Lancet* says, would "be declined by every hospital in London," and by a peculiar perversity of nomenclature, entitles its article 'Homœopathic Begging.' How an offer of £5000 can be called begging we cannot expound.

VI. The *Lancet*—"The attempt to take shelter under the name of Dr. Sidney Ringer is now rather a favorite device of homœopaths. But it will not save either their scientific or their moral position. Dr. Ringer takes medicines as he finds them, and investigates their action in health and disease unhampered by authority." True, but where does he find them? In Hughes' Pharmacodynamics, in the British Journal of Homœopathy, and in homœopathic literature generally. He investigates their action, but who first showed the way? Hahnemann.

VII. Dr. von Villers, of St. Petersburg, is reported as having cured two hundred cases of diphtheria with cyanuret of mercury. The earlier cases were treated with the 6th dilution. He says: "When I had observed a sufficient number of cases to assure me of the specific character of the cyanuret of mercury I abandoned the dose I had hitherto used and gradually went beyond the 6th dilution. In this manner I got up to the 30th and remained there, having only gone beyond it on one occasion. The result of my investigations was to convince me that the higher the dilution the more precise was the action of the medicine. Since I have adopted exclusively the 30th dilution, I have observed that the diphtheritic exudation disappears in a somewhat shorter time than with the 6th and 12th." Dr. von Villers has been known for many years as a thoroughly trustworthy and cautious observer.

VIII. Dr. Thos. Engall says in regard to the place where impregnation of the human ovum occurs that the spermatozoa, although in constant motion, cannot propel themselves. That they can only advance by means of currents in the liquid in which they are suspended, or by capillary attraction. That they therefore rarely pass beyond the top of the cervical canal, and that it is at this point that impregnation usually occurs.

DIGEST OF THE HOMŒOPATHIC WORLD (London) FOR DEC, 1883.

I. Apropos of the experiments by Ringer and Murrell on hospital patients, Dr. Burnett says: Hippocrates had a faint inkling of Homœopathy, he just caught a glimpse of it through the gates of time ajar. Haller preached drug experimentation in a by the way sort of fashion. Hahnemann saw both clearly, created a pure science of pharmacology, and erected Homœopathy thereon as an applied science. The most advanced point in curative medicine is Homœopathy, but there are a good many who are afraid of the name, and yet want its advantages. They are Homœopaths on the sly and cowards. That such cowards, who abuse Hahnemann and his followers, while they pose before the ignorant of the medical world as original observers with odd fragments stolen from Homœopathic works. That such cowards should be afraid to try drugs on themselves is no marvel to those who understand human nature. These crypto-homœopaths have their day, but it will be only for a season, and then the reckoning and the inevitable ridicule.

II. Dr. Domingas Frieze, a Brazilian physician, reports the discovery of a parasite peculiar to yellow fever, in the blood of patients dying of the disease. But whether *post hoc* or *propter hoc* remains undetermined.

III. Dr. Thomas Skinner, reports as follows on ringworm in dogs: Having had some difficulty in pur-

chasing a reliable retriever for this year's partridge and pheasant shooting, I had to be content with borrowing. There is an old saying that those who go borrowing go sorrowing and so it was in this case. I found that the dog which I had got on loan, though an exceptionally good retriever, had a circular spot on its left ear, the size of a penny piece, totally denuded of hair, and exuding slightly a clear fluid, giving the sore an angry and raw appearance. The flies seemed to like it, and but for them the dog seemed to care or feel no discomfort from it. It spoiled the appearance of the animal greatly, and as it had been there more than three months, and was getting no better, but if anything, the longer the worse, I made up my mind to give Tellurium a trial. "Ben" got one small powder dry on his tongue. It is just possible that "An Astounded Layman" may be surprised to learn that without the slightest local or any other direct or indirect interference, this most obstinate and specific inflammation of the skin, which had existed for nearly four months, was completely dried up and healed in one week from this single dose of Tellurium 1 M., made by myself on my "Fluxion Centesimal Attenuator," an instrument which cannot err, and which makes each centesimal attenuation separately. During the week, when the healing process was going on, it so happened that my keeper produced a young retriever bitch of his own, which he desired should see some field-practice. "Ben" and this young bitch had been "keeping company," the result being that "Ben," became jealous of any dog that approached his sweetheart. As it was, a fine old pointer of my own, who is a bit of a "gay Lothario" began showing attention to Miss "Judy," upon which "Ben" sprang upon "Wallace" and seized him by the left ear, and a free fight ensued. Within a week or so of this canine duel "Wallace's" ear showed unmistakable signs of ringworm; a circular patch of hair came off and the skin

with it, exposing a denuded surface secreting a clear fluid identical in appearance with "Ben's" ear before the Tellurium was administered, only there was a decided tendency to spread in patches all over the ear. A week later "Wallace" got one small powder of Tellurium 1 M. (F. C.) dry on his tongue. In one week the ear was very much better, but not quite well, and on his rump three or four patches had broken out, exuding the same fluid, smelling very "doggy" and nasty, and totally denuded of hair. I gave the keeper three powders of Tellurium 1 M. (F. C.) one to be given each night for three nights, or to be stopped if the inflammatory action seemed checked—*i. e.*, the exudation having ceased, and a scab or scurf having formed. "Wallace" never looked over his shoulder," as the saying is, after the third dose. Both dogs remain perfectly well, their skins whole, and the patch on "Ben" is covered with young hair, and "Wallace" the same, only not so far advanced, he being ten years old, and "Ben" rising three. There was no change whatever made in their diet or hygiene further than burning the straw of their beds, avoiding touching the sore places with water or picking off the scabs, and giving the older dog "Wallace" full meals of oatmeal porridge and greaves. "Ben" hunted as usual; "Wallace" was not required as the birds were wild and rarely or never lay. Some say that the higher attenuations are "moonshine," that they can only act through influencing the imagination, etc. It would appear from the above cases that "moonshine" is not so impotent as some think, and that dogs have imaginations and "a reason for the faith which is in them," if we could only find it.

IV. Dr. Harmar Smith reports the cure of cases of incessant dry barking cough where the trouble is evidently seated in the larynx, with *Rumex crispus*; of carbuncle, by *Hepar. sulph.*; and of chronic diarrhœa, by China.

V. Sir William Thomson broaches the idea of the existence of a magnetic sense. If there was not a distinct magnetic sense, it was a very great wonder that there was not. The study of magnetism was a very recondite subject. One very wonderful discovery that was made in electric magnetism was made by Faraday and worked out very admirably by Foucauld, an excellent French experimenter, showing that a piece of copper, or a piece of silver, let fall between the poles of a magnet would fall down slowly, as if through mud. Was it conceivable that if a piece of copper could scarcely move through the air between the poles of an electric magnet, that a human being or living creature in the same position would experience no effect? Lord Lindsay got an enormous magnet, so large that the head of any person wishing to try the experiment could get well between the poles; and the result of the experiment was marvellous, the marvel being that nothing was perceived. Sir William Thomson, however, was not willing to admit that the investigation was completed. He could not but think that the quality of matter in the air, which produced such a prodigious effect on a piece of metal could be absolutely without any perceptible effect however on a living body. He thought the experiment was worth repeating, and it was worth examining whether or not an exceedingly powerful magnetic force was without perceptible effect on a living vegetable or animal body. His own speculations had led him to conclude that there might be a seventh or magnetic sense, and that it was possible an exceedingly powerful magnetic effect might be produced on living bodies that could not be explained by heat, force or any other sensation.

VI. Dr. de Wecker, speaking of Gambetta, says: "He was grateful to his physicians. When, rightly or wrongly, he selected a medical man, he placed confidence in him for life. Is it not true that fidelity to the phy-

sician is the concomitant of high intelligence and a generous heart? Intelligence aids in the selection of a medical man, the heart attaches.

VII. Dr. Arthur Mehan reports: "A patient took, at one time, five drachms of chloral combined with three drachms of bromide of potash. After twenty-four hours unconsciousness he made a complete recovery.

VIII. The fund for the widow of Dr. Pearce has only reached £10.

IX. Dr. S. C. Kilgour relates the cure of an aggravated case of diabetes in an old man with Nitrate of Uranium, 12 grains; distilled water, 1 ounce; dose, ten drops three times daily in a teaspoonful of water.

X. Dr. E. E. Holman calls attention to Ragweed in pertussis when there is nosebleed.

XI. Dr. John Moore reports a case of tabes and rickets in a year old child cured by Phosphorus 12 and Calc. carb. 12. The child was a poor, puny, helpless little thing. The spine was curved like a rainbow, and the legs and arms were the same, and useless. The ribs seemed all dis-jointed and the stomach very large. It had not a tooth in its head, nor the sign of one, and had also a most distressing cough.

XII. Under the heading "Modern Attenuations" a correspondent says: "Granting for the moment that they do act in some mysterious way, does the transcendental dilutionist gain anything, in any particular, by using such dilutions over and above the ordinary gain of the ordinary dilutionist—namely, the relief and cure of disease? Can he cure more speedily? If so, let him prove it, but published cases do not show this. Occasionally, in our journals, we read of cases treated by ultra-high potencies with satisfactory results, and, on the other hand, we get details of cases regularly every month, treated by low and medium dilutions with just as great success. Why then go to such needless heights? The generality of homœopathic practitioners use dilutions varying from the first decimal

to the sixth, and sometimes the 6th, 12th and 30th centesimal potencies, and I think the majority of my confrères would agree with me in saying that the lower and medium dilutions are found to be satisfactory and curative in their action in nineteen out of twenty cases which come under treatment. This being granted, what possible need can there be for attenuating medicines to such transcendental heights as the hundred-thousandth centesimal? Hahnemann never went to such lengths, or rather heights, and therefore such a method cannot be called "Hahnemannian," although the modern ultra-attenuators like to be considered rigid disciples of the master.

XIII. By a curious blunder in printing the names of the Committee on Legislation, American Institute of Homœopathy, Indianapolis, Chicago, St. Louis and Omaha are located in *Maine*; Baltimore, Denver and Wheeling in *Kansas*; Louisville, Memphis and Mobile in *North Carolina*; New Orleans and San Francisco in *Mississippi*. This is "how they do it" in England.

LITERATURE.

We had occasion to speak in a recent number of the HOMŒOPATH of the growing prevalence of mental disorders and of the means at hand to prevent their alarming and persistent increase. Several cases of insanity developing in families under our own care has given to the subject a personal and peculiar interest, and we therefore read Prof. Spitzka's monograph* with keen appreciation. We took up the book with no particular predilection toward its author; but after a very careful perusal we cannot but express our change of mind, both as to his scholarly acquirements and the soundness of his views on

* *Insanity. Its Classification, Diagnosis, and Treatment. A Manual for Students and Practitioners of Medicine.* By E. C. Spitzka, M.D. 8vo, pp. 415. (New York: Bermingham and Co.)

this subject. While not attempting an exhaustive treatise, he here presents the salient points of psychiatry in such a manner as to interest and instruct the general practitioner, and with sufficient clearness and with abundant explanation and illustration to satisfy any reasonable demand. It is neither possible nor desirable that every family doctor should aspire to be an alienist; but it will occasionally happen that a familiarity with the symptomatology of the various forms of insanity, especial in the prodromal stage, may enable him to be of great service to both the patient and his family. This is peculiarly necessary in cases of feigned mania, which are more apt, at least in the first instance, to be brought to the notice of, and serve as a perplexing conundrum to, the ordinary practitioner. It is this information which Dr. Spitzka seeks to convey, and he has set about his task in a methodical and we think in a very acceptable manner. Beginning with the definition of insanity, he mentions the general characteristics of the insane, the obvious distinctions in the various forms of insanity, how to examine the insane, the recognition of simulation on the part of both sane and insane patients, and concludes with the medicinal, hygienic, and psychical management of this class of patients. We have space only to quote his definition of insanity, which though verbose and somewhat involved, does on the whole seem better than any other we have read: "Insanity is either the inability of the individual to correctly register and reproduce impressions (and conceptions based on these) in sufficient number and intensity to serve as guides to actions in harmony with the individual's age, circumstances and surroundings, and to limit himself to the registration, as subjective realities, of impressions transmitted by the peripheral organs of sensation, or the failure to properly co-ordinate such impressions, and to thereon frame logical conclusions and actions,

these inabilities or failures being in every instance considered as excluding the ordinary influence of sleep, trance, somnambulism, the common manifestations of the general neuroses, such as epilepsy, hysteria and chorea, febrile delirium, coma, acute intoxications, intense mental pre-occupation, and the ordinary immediate effects of nervous shock and injury."

A new book by a new author from a new press is certainly a novelty, and in the particular instance before us an agreeable one. The professor of practice in the Homœopathic Medical Department of the University of Iowa, comes forward with his maiden effort at book-making.* Works on practice according to the system of Hahnemann are not so numerous but what we can give a hearty welcome to a new-comer, provided it deserves such recognition. Professor Dickinson has been lecturing on the theory and practice of medicine for some years and may, therefore, be allowed to be a good judge as to the needs of students in this direction; and to the convenience and instruction of students he has addressed his labors.

Judged by his book, we should say that Professor Dickinson was a careful, somewhat modest, painstaking teacher, desirous of being very sure of his facts before announcing them, not particularly enthusiastic as to the remedial power of drugs, and generally inclined to advise great carefulness in the use of hygienic and prophylactic measures. His style is unaffected, easily comprehended, neither verbose nor epigrammatic, and only occasionally inelegant. There is little of theorizing, facts are stated with precision, explanations are brief and generally dogmatic, the range of remedies limited and their indications expressed in terms likely

* *Homœopathic Principles and Practice of Medicine.* By W. H. Dickinson, M. D. 8vo. pp. 730. Des Moines: Mills & Co.

to impinge upon the memory. All this makes it a useful student's book. It would have been improved by somewhat extending the notes on remedies. We can appreciate the author's probable motive in only mentioning sometimes two or three and generally less than six under each disease; and yet we cannot but think that elimination is carried too far when no mention is made of *Gelsemium* in measles, *Cimicifuga* in alcoholism, *Æsculus* in hæmorrhoids, *Ignatia* in prolapse of the rectum, *Erigeron* in ileus, *Sanguinaria* in gastritis, *Baryta* in tonsillitis, *Kalmia* in albuminuria, *Hamamelis* in orchitis, *Veratrum viride* in pneumonia, *Asclepias* in capillary bronchitis, *Belladonna* in laryngismus, *Sulphur* in phthiriasis, or *Cuprum* in vaginismus. But it is far better that a few notable remedies should be omitted, than that the page should be loaded down with a lot of half-studied drugs. We had occasion to notice a book not long since in which the author named fifty odd remedies for colic. Prof. Dickinson mentions nine. Probably very few of us go, in every day practice, outside of a list consisting of *Colocynth*, *Plumbum*, *Nux vomica*, *Chamomilla*, and *Pulsatilla*.

Whatever defects there may be in Prof. Dickinson's work, they are really insignificant in proportion to its excellencies. In fact we think rarely is an author so successful in his first effort. The Homœopathic school and the University of Iowa may therefore be congratulated on the advent of so skillful an exponent, and we sincerely hope that the author may feel encouraged, by the reception of this work, to further labors in the same direction.

There was a time when Henry B. Millard aspired to leadership in the Homœopathic ranks, and his position in the profession was gained as a professed follower of Hahnemann. When the Regents' examination in medicine was established he was appointed as a representative homœopathist,

and he held the position on the board for a number of years, and perhaps does so still. But he who would look for any honest confession of the faith in his recent utterance* will look in vain. He speaks of the Homœopathic *Materia Medica* and of Homœopathic physicians as something he has heard of, but is not on very familiar terms with. The whole tenor of the book is in the now well-known Ringer style, but without Ringer's quasi-justification for ignoring the sources of his knowledge. Every man has the undoubted right of changing his methods of practice if he can find a better. But Dr. Millard comes forward as the advocate of minute dosage, and changing the name of *Mercurius* to *Calomel* and of *Terebinthe* to *Turpentine*, he seems to imagine in doing so he has left all of Hahnemann behind. It is not, however, difficult to fathom the sources of his inspiration, although he seemingly desires to cover them with oblivion.

Many of the leading New York druggists now keep a stock of little tablets on hand containing the one-hundredth of a grain each of aconite, calomel, arsenic, or other drug. Speaking of these, Dr. Millard says: "I know that the possible effect of such small doses will be regarded by many with incredulity, but their value has been demonstrated too frequently for it to be doubtful, and the recognition of the efficacy of these doses is inevitable, as it is a matter of simple and assured truth. The experience of medical men of acknowledged experience and ability is rapidly tending to show that very minute doses of medicine accomplish, in numerous conditions, more than ponderous or even moderate doses. Particularly

* *A Treatise on Bright's Disease of the Kidneys: Its Pathology, Diagnosis, and Treatment.* With chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretion. With Numerous Original Illustrations. By Henry B. Millard, M. D., A. M. 8 vo., pp. 246. (New York: William Wood & Co.)

is this shown in those cases in which the dual action of drugs is manifest, as in the action of corrosive sublimate upon the kidneys in health and in disease."

Dr. Millard divides his work into two parts, the latter devoted to treatment. It was natural that we should turn to the latter part first, because we were somewhat curious to observe just how far Dr. Millard had wandered from the law of similars. Except when advising the use of diaphoretics and diuretics as merely mechanical agencies, and an occasional lapse into polypharmacy, he prescribes according to Hahnemannian precepts, limiting the dosage to the second and third decimal potency, and never, we believe, going beyond the third centesimal; but usually speaking of these as the one-hundredth of a grain, the ten-thousandth of a grain, etc.

The bulk of the book, however, is contained in part first, and it is here that Dr. Millard shows to best advantage. He has devoted much time to the minute study of Bright's disease and its congeners, and we are glad to speak with hearty admiration of this portion of his work. The illustrations are mainly drawn by himself, and are very well done. He gives, beginning with the special anatomy of the kidney and the significance and importance of urinary products, a brief, interesting and discriminating history of the various forms of nephritis. Of course, little of this is absolutely novel; but it is the work of a man who has been over the whole ground personally; who not only has decided opinions, but is able to give a reason for the faith that is in him; and who, while in the main, agreeing with others who have been like himself, patient and devoted original workers, yet is not afraid to express himself with boldness in opposition to accepted traditions. We are glad that he has thus been able to bring to such fruition the labor of years, and that he was fortunate enough to obtain for his thoughts so neat a typographical dress.

Prof. Engelmann, of the Missouri Medical College, has devoted the leisure of years to the careful study of obstetric practice in all ages and among every people, and has at various times contributed to current medical periodic literature some of the results of his investigations. These are now gathered into book form,* and published with many curious and instructive illustrations. It is not easy to give in a brief notice a just idea of the book, as the author has ransacked all creation for facts bearing upon this subject. Of most utility are the chapters on posture during labor, and the history of massage as an adjunct in obstetric practice; but the chapter on characteristic labor scenes is full of curious lore and incident. We commend the work not only for its anthropological interest, but as a really useful contribution to practical midwifery. In the next issue of this journal we will endeavor to give a resumé of some of its novel and entertaining features.

† Our esteemed colleague, Dr. E. J. Bermingham, has prepared in alphabetized order, and with the assistance of a number of prominent medical experts, a series of definitions of diseases, giving briefly the etiology, symptomatology, diagnosis, prognosis, and treatment (allopathic) of each. † The aim of the editor has been to furnish a work in one volume which could be used as a ready reference, like a dictionary. While not replacing the more pretentious medical cyclopædias, this work both from its neatness and moderate cost (five dol-

* *Labor among Primitive Peoples*. Showing the Development of the Obstetric Science of To-Day from the Natural and Instinctive Customs of All Races, Civilized and Savage, Past and Present. With 59 Illustrations. By Geo. J. Engelmann, A. M., M. D. Second Edition. 8 vo., pp. 227. (St. Louis: J. H. Chambers & Co.)

† *An Encyclopædic Index of Medicine and Surgery*. Edited by Edward J. Bermingham, A. M., M. D. 8vo, pp. 934. (New York: Bermingham & Co.)

lars) fills an obvious want, and we cordially commend it to students and junior practitioners.

The professor of materia medica at the College of Physicians and Surgeons (New York) has prepared a little manual* on medical technology, which will be found a welcome addition to the undergraduates' library, as it compresses a fund of information into vest-pocket limits.

Diseases of the ear are very little studied by the ordinary practitioner, and yet ear affections are by no means rare. Prof. Pomeroy has had large experience in their treatment, at the Manhattan Eye and Ear Hospital and at various Infirmaries, and has compressed much sensible advice into a hand-book of aural therapeutics which has just been published.† Many of the mechanical operations which he details might readily be performed with sufficient dexterity for purposes of diagnosis, by a non-specialist. If a proper diagnosis be made out, the careful study of the Homœopathic remedy will result in cures much more permanent than the often harmful, and generally unpleasant, local treatment here recommended. In the latter portion of the book he details many obscure and unwonted disorders, both organic and functional; and this we have found very interesting reading. Those of our readers who desire to look at ear diseases through the eye of a competent aural surgeon will find much of profit and entertainment in this book.

Under the inappropriate title of an *Ethical Symposium* (an ethical drinking bout, indeed!) Dr. F. R. Sturgis

has gathered a series of essays* upon the question of the new and old code, which is intended, on the part of new-coders, as an answer to Dr. Flint's recent publication in defence of that antiquated document designated as the CODE. The cause of personal liberty is ably argued, but the strongest point of all is one to which we alluded editorially some months ago, that the code, being in the nature of by-laws is an illegal enactment, and a contravention of State law. It is somewhat exhilarating to read the history of legislative medicine as here portrayed, and to see so able an opponent as Thomas Hun bewailing the short-sighted and vindictive treatment of the earlier Homœopaths, that drove them out of the regular societies and forced them into compact and vigorous self-defence. There is much in this book that we would like to quote, but, instead, we must advise our readers to possess themselves of it and peruse it carefully; they will find it very pleasant reading—for them. Should the attempt be made again, and doubtless it will be, to legislate out of legal standing those not members of the dominant school, this book will furnish an excellent campaign document in favor of medical tolerance.

The October number of Wood's Library of Standard Medical Authors is Diday's classical monograph on infantile syphilis. This work, though translated by Whitley, and published by the New Sydenham Society in 1858, was practically inaccessible to American readers. It is now issued, with valuable addenda on the viability of children born with the taint of hereditary syphilis, and on what is known as syphilis hereditaria tarda, or late congenital syphilis, by Prof.

* *Manual of General Medicinal Technology, including Prescription-writing.* By Edward Curtis, A.M., M.D. 16mo, pp. 234. (New York: William Wood & Co.)

† *The Diagnosis and Treatment of Diseases of the Ear.* By Oren D. Pomeroy, M.D. With 100 Illustrations. 8vo. pp. 392. (New York: Bermingham & Co.)

* *An Ethical Symposium.* Being a series of Papers concerning Medical Ethics and Etiquette from the Liberal Standpoint. By A. C. Post, W. S. Ely, S. O. Vanderpoel, L. S. Pilcher, T. Hun, W. C. Wey, J. Ordrondaux, D. B. St. J. Roosa, C. R. Agnew, A. Jacobi, and H. R. Hopkins. 12mo. pp. 213. (New York: G. P. Putnam's Sons.)

F. R. Sturgis.* Both Dr. Sturgis and the Messrs. Wood are to be commended for this eminently judicious selection. Diday was, we believe, the first to point out the fact of the transmission of the poison of syphilis to the mother from the fœtus, and of the contagiousness of congenital syphilis. At least he was an early and earnest advocate of both theses, and it was largely his clinical demonstrations which won over the adherence of Hutchinson and other prominent syphilographers, and forced conviction upon an unwilling profession. The subject is of paramount importance, and it is the manifest duty of every practitioner to be well posted on it. Nowhere will he find the etiology and semeiology of congenital syphilis stated with such clearness and judicial fairness. We hope our readers will not only subscribe for the valuable series of books of which this is the latest number, but will do better—*read them*.

Funk and Wagnall's Standard Library is quite as good in its way as Wood's, and though on non-medical topics most of the volumes are of interest to physicians. The later issues are Ernest Daudet's and Jules Claretie's French Celebrities,† 2 vols., Wheeler's By-Ways of Literature,‡ Prof. Rein's Martin Luther, and Hale's Christmas in a Palace. We know of no way in which so much good literature can be had for so little money.

* *A Treatise on Syphilis in New-Born Children and Infants at the Breast.* By P. Diday. Translated by G. Whitley, M.D. With Notes and an Appendix by F. R. Sturgis, M.D. 8vo, pp. 310. (New York: William Wood & Company).

† *French Celebrities, as Seen by Their Contemporaries. A Series of Brief Biographies of the Foremost Frenchmen of Our Day.* By Ernest Daudet, Jules Claretie, and others. 2 vols., 12mo, pp. 289. (New York: Funk & Wagnalls)

‡ *By-Ways of Literature; or, Essays on Old Things and New, in the Customs, Education, Character, Literature, and Language of the English-Speaking People.* By David Hilton Wheeler. 12mo, pp. 247. (New York: Funk & Wagnalls).

ITEMS.

The New York State Society meets at Albany, February 12 and 13. It is the duty of every member to contribute something to the interest of that meeting.

Dr. Chas. Deady, resident surgeon of the New York Ophthalmic Hospital, reports that during the month of November the daily average attendance was 141; the total prescriptions for the month being 3652.

The New York County Homœopathic Society paid a deserved compliment to Prof. F. E. Doughty by re-electing him to the presidency. Dr. Doughty has been an indefatigable worker during the past year, and has infused considerable life into the society meetings. May he live long and prosper.

LACTOPETINE.—This is a remedy which we have prescribed with a good deal of satisfaction to ourselves, and benefit to our patients. It is valuable for various forms of indigestion, and is composed of pepsin, pancreatine, diastase, ptyalin, lactic and hydrochloric acid. We invite our readers to give it a trial.—*Canada Record*.

FOOD EXTRACTS.—The value of Murdock's Liquid food is fairly illustrated in the following case: This lady suffered from generally debility, the outcome of a residence in a malarious district, greatly intensified by unskilled treatment at the hands of an old school practitioner. Under homœopathic care and a change of residence some improvement was noticeable, but the debility continued notwithstanding close study of the case, a normal weight of 118 pounds was reduced to 96 when Murdock's food was prescribed, and in three months health was re-established and a gain in weight of twenty-five pounds resulted from its continued use for some six months.

CURATIVE ELECTRICITY.—The extent to which electricity is now utilized has induced many who are not properly equipped to go into the business of making instruments. Such apparatus is really not worth using and causes nothing but disappointment. It is important in order to get the best results to use the system invented by DR. JEROME KIDDER and now controlled by the Jerome Kidder M'fg Company of 820 Broadway. They have won the highest award at Centennial Exhibition, 1876, highest award at the American Institute, of New York, from 1872 to 1883 inclusive, and in 1875 the gold medal for the best electro-magnetic machine, either in this country or abroad. Highest award given at Cincinnati Industrial Exposition of 1881 and 1882, and silver medal, 1883. Silver medal awarded at Charleston, S. C., Exhibition of 1882. Also the highest medal at the Exhibition just closed at Louisville. Prof. Ogden Doremus and others have declared that the Kidder batteries are unequalled for all curative purposes.

THE AMERICAN HOMŒOPATH.

EXOPHTHALMIC GOITRE.

BY

PROF. J. W. DOWLING, M. D.,

New York.

[A clinical Lecture delivered at the New York Homœopathic Medical College.]

Gentlemen: The patient whom I bring before you to-day came to the dispensary for treatment for a diarrhœa from which she has been suffering for some months, and which she says weakens her to such an extent that she is unable to resume her former occupation, which was that of chambermaid and waitress. She says that she is 48 years of age, that she is a widow, that she has had two children who are both living, the youngest being 22 years of age. Her husband died when her children were quite small, and she had supported them herself till they grew to womanhood. She has, I judge, entered upon the climacteric period, for of late, she informs me, her menses have become irregular. Aside from the sickness attending the birth of her children, from which she recovered nicely, and excepting the ordinary ailments of childhood, she never had an ill day in her life till about two years ago, when she became short of breath on exercising and suffered from violent palpitation of the heart. She continued at her work until from sheer exhaustion she was obliged to desist, and entered one of our city hospitals where she remained for nearly a year. While at the hospital she noticed a swelling of her neck, the action of the heart became more and more violent, her shortness of breath greater, her weakness increased, her appetite failed, she became much emaciated and finally her feet commenced swelling. The doctors in attendance said it was dropsy. The swelling gradually extended upwards, her thighs and abdomen became enormously enlarged. She was unable to sleep in a recumbent

position, in fact she spent most of her time in a chair, for she was too weak to walk around the wards, and felt as if she would suffocate whenever she attempted to lie down. Eventually the diarrhœa set in and gradually the swelling disappeared, and to a certain extent her appetite returned and she regained her strength. The urine, which, during all this time had been exceedingly scant, increased in quantity. She considered herself sufficiently recovered to leave the hospital, but had been unable, as she says, to take a situation on account of the diarrhœa, which has continued to the present time, and for which alone she applied for treatment.

Her family history is good, her parents having lived to an old age. She has brothers and sisters now living and healthy. She knows of no heart or lung trouble or scrofula in her family. If she can only be cured of this diarrhœa she thinks she will be perfectly well. Let us see.

From a casual inspection of this patient I recognized the nature of the malady from which I think she is suffering, and concluded, as the disease is a rare one, that the case would be interesting for physical examination before the class, and a clinical lecture.

I should judge from the patient's tone of voice and manner, that she is of an exceedingly sensitive nature. She acknowledges that she is easily annoyed, that she sheds tears readily, and that she has occasional outbursts of temper of which she is subsequently ashamed and for which she is sorry, and that this was her disposition prior to her illness; that she was always of an emotional temperament.

We will now proceed to an examination.

What do we learn on inspection? The most prominent sign is the blanched skin. You will also notice

an unusual prominence of the eyeballs, not so great, however, as in other cases that I have seen, but sufficient, now that your attention has been called to it, for you to be satisfied that the condition is a pathological one.

On removing the handkerchief from her neck we notice an unnatural fullness, with quite a violent pulsation of the swelling which occupies the anterior portion of the neck. You will observe the pulsation is not of the jugular veins, which would be indicative of serious valvular lesions of the heart, but that it is confined to the swelling. Even through her dress those who are near me will perceive the violent commotion of the heart, which is rendered more perceptible by palpation.

The pulse at the wrist is feeble, irregular and very rapid. At the prestime it is beating at the rate of 130 to the minute. You will notice, too, her breathing is superficial and frequent.

Percussion reveals an increased area of cardiac dullness, the apex of the heart being found considerably to the left of the nipple line, but it is not depressed. The heart is undoubtedly dilated; the impulse is so feeble that we can exclude hypertrophy.

Auscultation of the heart reveals no murmurs, but an intensification of the valvular portion of the first sound—and intensified second sounds. We must therefore exclude valvular disease.

On placing the stethoscope over the tumor in the neck we notice quite a loud murmur.

The lungs show no abnormal signs, either on percussion or auscultation.

The noticeable signs, then, are 1st, the blanched skin. 2d, the protrusion of the eyeballs. 3d, the enlargement and pulsation of the thyroid body. 4th, the violent commotion and irregular action of the heart. 5th, the increased area of cardiac dullness and the misplacement of the apex.

Now the malady from which this woman is suffering is called Exoph-

thalmic Goitre or Basedow's disease, or Graves's disease, by different authors. The two latter are derived from the names of the pathologists who first investigated and described the malady. Graves is said to have first described it in his clinical lectures in 1835. Basedow was the first to publish an account of the disease which he did in the year 1840.

As was before stated the disease is a rare one. In my entire practice I have seen but six cases of exophthalmic goitre. It is much more common among females than males. Of 50 cases collected by one observer, 44 were in females, and but 6 in males.

All of the prominent features of the disease exist in the patient who is now before you, and all of these features have existed in every case that has been recorded. It is unnecessary for me to again enumerate them.

(To be Continued.)

TREATMENT OF URINARY CALCULI.

BY

PROF. F. E. DOUGHTY, M. D.,

New York.

I have been led to consider this subject by a statement made by Sir Henry Thompson, that the operation of lithotomy should be an operation of the past. That there should be no necessity for the cutting operation for stone in the bladder. He says: "The symptoms produced by renal calculi should be recognized at so early a stage that the patient could be put under treatment before the stone reached a size demanding the cutting operation." I think the more the matter is studied and understood, the less need will there be for the capital operation. Having determined in what manner calculi are formed in the kidney and descend through the ureter into the bladder and are there detained, we must stop to speak of them not as they oc-

cur as gravel, but as to what can be done after they have attained considerable size. Whether their size is attained in the bladder or kidney ; if in the bladder and small they may be expelled ; but if in the bladder and too large to pass, or if in the kidney, the question is what can be done for them in a medical way. Many experiments have been made to dissolve them, and it has been found that the uric acid stones can be decidedly influenced by an alkaline state of the urine. Efforts to introduce alkalies into the bladder and to act upon the stone in that way have been very successful. If the urine can be rendered alkaline to a degree exceeding at least three grains of Potassium carb. to the ounce, the stone will be gradually dissolved. The question rises whether by rendering the urine alkaline there is danger of precipitation of the Phosphate and Carbonate of Lime ; but it is found that they do not precipitate, or if they do it is not in the form of crystals, and will not form a coating on any substance in the bladder. The first alkalies are rarely precipitated. The question also arises whether the administration of such large quantities of alkaline substances would have a deleterious effect ; but this is negated by the fact, it is found that an individual may take large doses of Acetate and Citrate of Potash, from thirty to sixty grains every three or four hours every day except during the hours of sleep, without detriment. We may therefore resort to this treatment with some hope of dissolving a stone. I cannot say positively that I recommend this mode of treatment, I think there are other methods quite as radical when the stone is in the bladder. But when a stone is in the kidney, which we may sometimes diagnose by examination of the urine, the solvent treatment comes in. The stone formed of the Oxalate of Lime we could have but little hope of dissolving, it being the hardest variety, although this mode of treatment may

have a beneficial action. I leave the other varieties of stone, which may be acted upon by the same treatment ; and the secondary formations of stone upon clots of blood or other foreign bodies in the bladder which are readily attacked by the chemical action of remedies introduced into the bladder as injections. Some are opposed to the crushing operation ; they say you crush a stone and are never sure to get out all the fragments, and if a piece remains, in the presence of the cystitis, which is almost certain to follow, we have the development of Carbonate of Ammonia, and another stone is formed ; therefore they say it is better to resort to the cutting operation and remove the entire stone with no danger of a relapse. This would be well if literally true ; but there are two sides to this question. The opening of the bladder and removal of a stone does not necessarily guarantee a patient against a secondary formation, and the fact of having had a Calculus shows the predisposition to their formation, and even under the most careful treatment in the accompanying cystitis they are just as liable to form after a cutting operation as after the crushing operation. I was quite severely criticised in a country journal some time ago ; the editor was much opposed to the homœopathic physician residing in his place, and spared no effort to do him injury. I was called by this physician to operate in a case of stone ; I performed the lateral operation, but after a time a stone formed again, after the most careful treatment. This editor said he had consulted eminent surgical authorities, not only in the surrounding towns but in New York City : they had all told him that after a stone was once removed it would never return, and inferred that the one who had performed the operation had not done so properly. No matter what is the method of procedure, there is danger of precipitation of the fixed phosphates in the presence of a cystitis ; this danger is met by the solvent

treatment, that is, acid injections. In this case I found by adding one drop of nitric acid to a teacupful of water I made a good proportion, although I was obliged to carry it up to ten drops to the cupful before I could stop the formation, washing the bladder twice a day, once with the acidulated water. Personally for the removal of stone in the bladder I advocate the crushing operation; it is not so brilliant; it does not produce so favorable an impression in the patients; they are not so willing to pay a large fee, as it seems a small thing to introduce a lithotrite and in a little while to present the patient with a quantity of gravel; but the laying up of a patient; the spilling of a quantity of blood; the presence of a number of assistants, and keeping the patient in bed a long time impresses him with the belief that it is well done. I do not see how a physician who has looked into the subject at all can prefer the cutting to the crushing operation, except in cases where the lithotrite cannot be used, as in a case where there is an exceedingly sensitive bladder or urethra; or if the stone is hard to crush, or in children. But it seems to me the face should be set against a cutting operation in a patient with a tolerant urethra and bladder and a stone moderate in size. It is not good practice to endanger life—the percentage of deaths being one in twelve; when a patient can be operated upon with so small a risk. I have operated by the crushing method on patients over seventy years of age and had them return to their homes in twenty-four hours; such an operation without a risk of life should be preferred to the old one of lithotomy. While I cannot go as far as Sir Henry Thompson, yet I think physicians should be educated up to the point where they can observe the symptoms of stone early in its development. It is very curious what will sometimes act as a nucleus of a stone; some time since I operated on a man suffering from a stone in the bladder;

after fastening the lithotrite upon it I found I could not remove it; I returned it to the bladder and twisted it to make sure I had not included any of the mucous membrane; and found it loose. After several attempts I finally drew out a foreign body which proved to be four inches of a French catheter; the carelessness of this man is more apparent when I state he was for many years in Tiesman's surgical instrument business and claimed to have made the first lithotrite; he had been in the habit of using a catheter but had been so saving as to cut away worn out portions and stick the old pieces together; one of these pieces had broken off.—I have not presented this subject in as good a form as I would have liked, but if I have interested you in it sufficiently to keep it in your mind in future I will be satisfied. Only yesterday a physician brought his son, aged ten, to me suffering from cystitis for which he had been treating him unsuccessfully, he had had excruciating pains and could not be relieved. On examination I found a stone about an inch and a half in diameter; and having gone so far he was actually beyond the crushing operation. As it is he must submit to the cutting operation, simply from a want of early recognition of the trouble by the physician.

THE ABUSE OF QUININE.

BY

GEO. M. OCKFORD, M.D.,

Vincennes, Inda.

Probably there is no drug that is more abused in the uses it is put to than sulphate of quinine. Its misuse is as wide spread as the malarial zone, and in fact throughout the entire country. Like its old ally, calomel, it is working incalculable injury upon thousands of people. In sickness and in health quinine is administered to cure disease and to ward off disease. It is one of the most prominent of domestic remedies in many

sections of our country. All through the Southwest there is scarcely a family possessing the means for acquiring it who does not procure it with as much regularity as other family supplies, and the quinine bottle is a standing domestic institution, to be resorted to upon the least provocation. Malaria is held to be accountable for all ailments, and consequently the great anti-malarial drug is regarded as a cure-all. Its use is persisted in for month after month and year after year, until the victims of such mal-practice present a state of ill-health, which is generally attributed to malaria. Poor malaria has to stand the blame for cases which are solely due to the poisonous effects of quinine. Stop the excessive use of quinine and there would be a much less number of cases of so-called malarial poisoning. Still we can hardly blame the people for abusing the drug, for they merely follow the example set for them by their medical leaders. The majority of allopathic physicians and some few homœopathic physicians seem to follow out the ideas of the "Unity of Disease" advanced by a Dr. Dickinson. He advanced the theory that "all diseases are varieties of ague; quinine cures ague; therefore quinine cures all diseases." It detracts from the labor incident to prescribing to adopt this syllogism, for we have then a single basis for all pathological conditions, and a single remedy to meet it. It is truly a grand idea, but one full of danger to the health of the people. With this class of physicians in all cases of debility, no matter what the cause, quinine is the "tonic" prescribed. Poor neurasthenic patients are dosed persistently with quinine, without benefit but with positive injury to their nervous systems. The drug is given as a tonic in health and disease, although it is conceded by the leading men in all schools of medicine that it is doubtful whether it possesses any tonic qualities. But then it is a fashionable tonic, and fashion goes a great way in medical

as well as social affairs. It is extremely doubtful whether any debilitated systems are benefited by the use of quinine. During the winter and spring months in the Southwest pneumonia is prevalent. To the common mind it is the "malarial winter fever," and consequently quinine is the remedy. What reasoning has induced the administration of quinine in pneumonia I cannot conceive, nor have I ever met a physician who did administer it who could tell why he did so, unless that Dr. So-and-so recommended it. If an attack of pneumonia aborts under the quinine treatment, of course the drug did it they claim, forgetful of the fact that under the expectant treatment and in the clinical history of the disease, it was not an extraordinary thing for pneumonia to abort about the fourth day. So how do we know that quinine does anything? Its beneficial effects in the treatment of pneumonia are few and far between, but it is a serious question whether or not the persistent use of the drug does not weaken the action of the heart so as to favor the development of heart-clot, a frequent fatal termination of cases of pneumonia treated under the quinine method. Ten years ago Dr. Fordyce Barker emphatically declared that quinine will control suppuration and prevent pyæmia and septicæmia, and since that time it has been used in all cases having a tendency to these complications. The late President Garfield was treated by this scientific preventive with results which are well known to the profession. But the most curious employment of quinine in preventing septicæmia is that in vogue with many physicians of administering to the parturient woman twenty to thirty grains of quinine daily for a period before parturition to prevent a possible puerperal septicæmia. Before this pernicious doctrine of prevention was promulgated, puerperal septicæmia was never held up to view as either a frequent or severe complication, and the tens of thou-

sands of women who have passed through normal labors without preparatory treatment and withal escaped any complication are a stern rebuke to those who would seek to convert a physiological into a pathological condition by such meddlesome midwifery. It is on a par with the old system of blood letting, and deserves no place in modern medical or obstetrical practice.

In the treatment of typhoid fever among the so-called regular physicians, quinine is largely employed. In a clinical lecture at St. Louis recently, an allopathic professor told his class that he had frequently given as much as fifteen or sixteen hundred grains of the drug during the course of a case of typhoid fever, and that the patients recovered. The only strange point about it is, that his patients did not succumb under such heroic treatment. But probably we may find a solution of the causes of the high death rate in the disease if we consider the effects of the ponderous doses of the drug in question. Those who do recover after this sort of treatment remain in ill health for months and years, or eventually succumb to some secondary disease due, without doubt, to the mal-treatment during the attack of typhoid. These instances might be multiplied; but the preceding is enough to indicate the reckless and unscientific manner in which quinine is used by the medical profession. And, with such abuse by the medical profession, can we wonder that those who are unlearned in medicine regard it as a universal and harmless cure-all? We see the evil effects of this baneful practice. The quinine-taking community develops aggravated cases of chronic gastritis, intestinal catarrh, hepatic and splenic derangements, and as a consequence of the defective nutrition incident to these disorders, pulmonary consumption and Bright's disease. The history of the majority of cases of pulmonary disease in the malarious zone shows a preliminary dyspepsia, which in

numberless cases has its origin in the misuse of quinine. We would not detract from sulphate of quinine the honor due it in its power over intermittents; but even in the treatment of this disease, the homœopathic physician does not need its aid. Present pathological research has entirely upset the theories of the unity of disease, and it is high time that such a dogma was rooted from the profession. The early homœopaths fought calomel and the lancet which, happily, live only in the history of the past; and if we would be true to our faith, and true to the best interests of humanity, we would raise our voices against this widespread abuse of quinine.

"REGULAR" DIAGNOSIS. LAPAROTOMY. CYSTOSARCOMA.

BY

PHIL PORTER, M.D.,

Detroit.

Owing to the sneers and gibes of Allopathic practitioners over the diagnostic capabilities of their brother homeopaths, we feel called upon to present the following case, which fully illustrates the "regular"? superiority in physical diagnosis.

Last July we were called by Dr. N. Osborn, of Buffalo, N. Y., to operate upon a woman who was suffering from an ovarian cyst: the Doctor stating in his letter that he had tapped the patient five times within four weeks. On examination, we corroborated Dr. Osborn's diagnosis, as a cyst of the left ovary.

The woman had been under the treatment of two eminent allopathic physicians of that city, who had been assiduously treating her for abdominal anasarca and were highly indignant when Dr. Osborn disputed their diagnosis.

After a careful examination and a thorough analysis of the case, we concluded there must be extensive adhesion, due in a great measure to the tapping—which was necessary, in

order to give the patient any relief—and the nature of the growth, which we found to be carcinomatous.

One peculiarity of the case, led us, also, to the belief, that the growth was cancerous, and that was the change of the cyst fluid during the different periods of tapping, as reported by her attending physician. The first tapping brought away a transparent and straw-colored fluid. The second and third, of a light port wine tint, showing a larger number of red blood corpuscles. The fourth and fifth a dark brownish-red color.

After the fourth tapping the patient emaciated rapidly.

No characteristic pains of a cancer were present. She, however, suffered from a dull heavy pain, in the left ovarian region as well as in the hypogastric, which had been controlled by the allopathic physicians with their usual remedy, opium.

The patient, Mrs. G——, German, æt 43, presented an anæmic appearance: pulse 80, temperature slightly above normal, and the countenance having an anxious expression. After obtaining as much of the history of the case as possible, and taking into consideration her history and of the family, with her previous condition and present surroundings, we determined to operate, as it was the only chance of prolonging her life.

The day before we arrived, Dr. Osborn was again compelled to tap the patient owing to her great suffering.

With the kind assistance of Drs. Osborn, Curtiss, Dr. Bull and his son, we proceeded in the usual manner of laparatomies for the removal of ovarian cysts.

Passing through the abdominal parietes we came upon the cyst wall, which was firmly adherent to the peritoneum. Separating the adhesions back to a space of several inches, we attempted to free the cyst but unfortunately ruptured the wall which was very friable. Evacuating the contents of the cyst, which consisted of large masses of clots and fibrin

which were floating in the fluid. On trying to enucleate the sac the walls gave way at the slightest force, preventing our peeling out the growth. From the base of the cyst, projected a large fungoid mass which was easily broken down with the fingers and was brought away by handfulls. Large veins ran in every direction and the solid matter of the tumor which filled the pelvic cavity, consisted of honey-comb masses of a white semi-solid substance, not unlike the consistency of tallow. Posterior to the tumor on each side of the spine was found a mass of carcinomatous growth about the size and shape of an ordinary placenta, which was carefully removed with but little hæmorrhage.

Recognizing the hopelessness of the case we carefully cleaned out the débris of the tumor and closed the abdominal incision, leaving a drainage tube in the lower angle of the wound.

Antiseptic precautions, (cleanliness) were employed. The patient survived the operation forty-eight hours.

This case illustrates how true are the words of T. Spencer Wells, when he asserts with a great deal of emphasis, that a positive diagnosis of abdominal tumors (not dropsy) can only be made after the "belly" has been opened.

The differentiation between an ovarian tumor and abdominal dropsy is so well marked that even an allopathist should not fall into the error that was made by the Buffalo physicians.

GRAPHITES IN ECZEMA.

BY

GERSHOM N. BRIGHAM, M.D.,

Grand Rapids, Mich.

Miss B., æt. 37, a teacher by profession, light complexion and inclined to obesity. Has eczema of the scalp. Itching is intolerable, worse night and morning. If scalp shows any improvement the eyes become affected, feeling dry and hot with a sense of pressure in the balls,

Humor is of the dry scaly kind and little of the serous exudation. Patient has had previously severe leucorrhœa which was benefited by Sepia. Hair is now brittle and comes out badly ; eyebrows are nearly gone. Gave Kali, 200, with some benefit. Afterwards gave Graphites, 200, followed with a complete cure.

Graphites seems to be quite as well adapted to that variety of eczema where there is a profuse serous exudation. The following case illustrates this variety :

Miss C., aged 10 years, a fat, chubby, lymphatic subject. Eczema behind the ears, large scabs under which is sero-purulent matter ; itching is intolerable. Physician in charge has applied various lotions some of which have provoked much irritation and suffering. Bad homœopathy, of course, for the individual has "Homœopathic Physician" on his shingle. Parents becoming dissatisfied because of no improvement and a long trial, applied to me. We gave Graphites 6th a week and then Graphites 200 with a rapid cure.

FOREIGN BODIES IN THE MEATUS AUDITORIUS.

BY

PROF. OREN D. POMEROY, M.D.,

New York.

Foreign bodies are not by any means always likely to cause mischief in the meatus if they are not meddled with by injudicious and unsuccessful efforts at removal. Dr. Ludwig Mayer reports a case where a foreign body remained in the meatus for over sixty years without apparently doing serious harm. When the foreign body is of such a nature as to swell in consequence of imbibing moisture, it is likely to do harm. If the edges of the foreign body are sharp or abrupt, like a piece of sharp stone, a bit of broken glass, a nail, a shell with sharp edges, or the like, there may be an inflammation occasioned even when it is not interfered with.

In the larvæ of the muscidia sarco-phaga and the muscidia lucilia, as described by Blake—(Roosa's reference), the apparatus by which the grub attaches itself to the part is composed of a delicate framework of horny consistency, from which spring two hooks having the same structure as the framework. By means of these the larva burrows its way into the tissue on which it feeds, by alternately piercing and tearing. This results in agonizing pain and excites inflammation.

By far the most frequent cause of trouble from foreign bodies is the injudicious interference by ill-advised attempts at removal. As a rule the foreign body will be found not pushed beyond the middle contracted portion of the canal, unless something has been done with a view to its removal. In that case it may be pushed down to the membrana, and often through it, so it rests within the tympanum itself. Some years since I had a little patient with a small pebble in the ear. Several attempts had been made to remove it, causing great pain. When I saw the child I found the stone crowded through the membrana and lying impacted in the inner tympanic wall. The results of attempts to remove a foreign body by forceps, spoons, hooks, etc., are sometimes surprisingly disappointing. From the nature of things it is apparent that any essay to remove in this manner tends to push the obstruction further in. I once attempted to dislodge a brass-headed nail from the meatus by instruments. The head of the nail was considerably wider than the meatus ; it was only halfway down the canal, and I felt sure that all that was necessary was to catch it with a forceps ; it was in plain sight, but on attempting to withdraw it I somehow failed to catch it properly, and each effort drove it further in, causing considerable pain to the patient. I then resorted to syringing, and to my great surprise it came out without any trouble whatever and with little pain.

I would like to formulate the following proposition: If the foreign body has not been disturbed in its position by efforts to remove it, the syringe is nearly always the most painless, the least violent and most effective and safe means of removal. This proposition holds good without excluding those cases where the foreign body is swollen, or has sharp edges, like pieces of glass or nails, or having the form of slate-pencils. It is simply surprising what power there is in a stream of water thrown into the ear for forcing out foreign bodies. The choice of a syringe is of importance. There is little difference in the power of a Davidson soft rubber syringe and a good valve syringe. One point is of very great importance—to have the nozzle long, narrow and provided with an aperture sufficiently small to throw a stream of the highest possible intensity. The syringe I have elsewhere described (see index) fulfils these indications, and the same kind of a nozzle on a Davidson syringe will do nearly as well. If no instrument maker is near, a tip may be improvised for the Davidson syringe by drawing a glass mint-julep tube to a narrow point in a flame. In removing a foreign body by means of the syringe the auricle should be grasped firmly and pulled upward, outward and backward, so as to straighten the canal. Throw in a stream of pretty warm water, being careful to direct it on the outer edges of the obstruction. The nozzle of the syringe should approach very near to the object to be removed, and in some cases where the canal is swollen so as to somewhat envelope the foreign body the nozzle may even be gently insinuated at the side of the obstruction so as to be sure to allow the stream of water to pass behind it. Alternately, every side of the obstruction may be approached if necessary. When there is no doubt of there being something lodged in the ear, considerable force may safely be used. By attending carefully to these de-

tails there is not often any need to resort to other methods. I have not used such means for removing foreign bodies from the ear more than twice in a year. I am sure there is a great mistake made in using instruments for the removal of foreign bodies from the ear to the extent to which many surgeons of undoubted ability resort.

DYSENTERY.—*LILIUM TIGRINUM*.

BY

PROF. G. M. PEASE, M. D.,

San Francisco.

July 8th, called to see Mrs. F., suffering with dysentery. Stools were very frequent and of a bloody mucus; almost constant urging and much backache. When a stool has been had there remains a feeling as if more would pass. Wakens about 3 A. M., and cannot go to sleep again for several hours, and then sleeps very soundly. This symptom is an old one. Nux vom. was given; but, upon a visit made in the evening, she was found to be worse, rather than better, there being a colic added to the symptoms of the morning. The mouth was dry and a constant thirst for large quantities was present. She longed to keep quiet, as the slightest movement produced an aggravation which made her particularly ill-natured. Bryonia was administered with the expectation that relief would certainly follow; but upon my next visit I found no improvement, the passages being more bloody and occurring about every thirty minutes. Mercurius was then given, but followed by no good results. Carefully reviewing the case, I found a mental symptom which led my thoughts toward another remedy. She had a restless, hurried feeling, as if she must attend to some very important duties, but which she was conscious of being unable to do. There was a tenderness over the region of the left ovary, with a downward pressure, as if everything would come out of the

vulva, and a feeling as if she must hold herself up in that region whenever she went to stool, also frequent desire to urinate. Although *Lilium tigrinum* was the remedy that came into my mind, it lacked the bloody stools and many of the other symptoms; but as she had the mental, together with a few of the other symptoms, and an examination revealed a decided prolapsus uteri, it was given in the 200th, and followed by almost instant relief. On the following morning I found her absolutely free from suffering, and was told that she had had only one stool since the *Lilium* was given the evening before. No other remedy was given afterward, and only two doses of the *Lilium* had been taken. The following day she was discharged as cured. I have long since learned to regard mental symptoms as of great importance in selecting remedies, and have often found them to be such "keynotes" as to overbalance some symptoms of apparently greater conspicuity. They often will suggest a remedy that has the other symptoms, which might not have been thought of but for the hint afforded by the mental condition.—*Hom. Phys.*

A SEDUCTIVE DRUG.

BY

Prof. GEO. W. WINTERBURN, Ph. D., M.D.,

New York.

[Extract from an Address delivered at New Haven, Conn., June 21, 1882].

* * * * *

I do not propose to occupy time relating instances of the opium habit. There is not a physician in active practice in any part of the country who has not abundant opportunity for personal investigation of these effects. There is not a physician but who finds his efforts to cure chronic diseases constantly baffled by the effects of opium upon the system. For it is not alone those who are degraded to inebriety that feel the baneful effects of this drug. It is its

nature to interfere with the action of every other remedy, to make chronic diseases more obstinate, to stand between patient and physician as an obstacle to cure. This is the case not only when taken in the immense doses of the confirmed inebriate but also when given in what are called moderate and safe dosage.

While it is harmful to all it is infinitely more so to the young. There is a triad of infant murderers, and their names are Godfrey's Cordial, Paregoric, and Mrs. Winslow's Soothing Syrup. The two former are harmless compared to the last mentioned, which contains a grain of sulphate of morphia to the ounce. That each of them cause many deaths annually both directly and indirectly, and induce weakened health of the body and brain to a much larger number than are killed outright, are undeniable facts; but for murderous efficiency Mrs. Winslow bears the palm. No punishment in this world or beyond the grave is too severe for that person who revelling in the ill-gotten wealth secured under a fictitious name and by false pretenses, has murdered, as surely as if she had herself plied the dose, so many thousand of her little countrymen. Only those who have had experience in the tenement house districts of our large cities can realize the enormity of this crime. Many a little sufferer whose demise is chronicled in the records of the Board of Health as from meningitis, marasmus, dysentery, or fever was killed by the slow undermining of the constitution by one of these opiated preparations.

* * * * *

These mixtures are used, in a vast majority of cases, because they are supposed to be harmless. Many do not know that paregoric contains opium, and many a mother who would look upon a doctor who gave her baby morphine as a very bad man, gives that same baby paregoric by the teaspoonful. The remedy would be to require every bottle containing any preparation of opium to

have affixed thereto a label stating the fact and a caution against large doses or habitual use. Or better still, prevent the sale of opiated mixtures except on a physician's prescription.

One instance will illustrate this observation. A very intelligent woman the daughter of a well-to-do farmer, and the wife of a boss painter, living in comfortable circumstances, and the mother of two lovely children, told me a few days since how fond her baby—four months old—was of Mrs. Winslow's Syrup. "Why," said she, "she will get so mad if I don't give it to her, and scream and kick all the morning." I suggested that perhaps she was in pain. "Oh, no, she ain't; it's just temper, she likes the syrup so much." Inquiry developed the fact that when the child was about two weeks old it was troubled with insomnia, and the mother gave the syrup, to make it sleep, supposing it was harmless. Now, so used had it become to its effects that one teaspoonful simply made it good natured, and it would take two or even three (morphine gr. $\frac{3}{8}$) teaspoonfuls to make it sleep. What would be the chances for a child so habituated to the use of opium, if ever seized with cholera infantum or pneumonia? On explaining to the mother the peril she was incurring for her child, and the nature of the drug she was using, she promised to wean it from it—"as soon as the house-cleaning was through with."

METHODS AND HOPES OF EXPERIMENTAL PHYSIOLOGY.

BY

PROF. JOHN TYNDALL, M.D., F.R.S.

London, Eng.

The course of true science, like that of true love, never did run smooth. Oppositions are encountered and overcome, each period of retardation being followed by more than the normal rapidity of advance. In the early part of the present century this

was strikingly illustrated in regard to the undulatory theory of light, and it has been illustrated in our day by the fortunes of the theory of evolution. Both theories were pushed back for a time; both conquered; the period of resistance being fully atoned for by the subsequent period of acceleration. It is profoundly interesting to observe the illustrations of this mode of scientific progress now going forward. A few years ago the germ theory of communicable disease was held by only a few of the bolder and more penetrative minds. It now over-spreads the entire field of medical thought and action. We cannot take up a journal in which the etiology of disease is handled without being confronted by this theory; and the more it is considered, the more thoroughly it is seen to account for and reconcile the facts of clinical observation, and the surer is the light which it sheds upon the work of the physician and sanitarian. One of the most extraordinary and unaccountable experiences in medicine was the immunity secured by a single attack of a communicable disease against future attacks of the same malady. Small-pox, typhoid, or scarlatina, for example, were found, as a general rule, to occur only once in the lifetime of the individual, the successful passage through the disorder apparently rendering the body invulnerable. From time to time during his long and valuable life I was honored by communications from the late Sir Thomas Watson. Knowing the profound interest I felt in questions of medical theory, and aware of my leaning towards the germ theory of contagious disease, he once asked me how I supposed the immunity just referred to was to be accounted for. I acknowledged the difficulty, but stated at the same time that the germ theory came nearest to a satisfactory solution. A certain amount of mineral matter was known to be necessary to the constitution of a tree. Without it the tree could not grow, although, in comparison with the other constituents of the

wood, its quantity might be infinitesimal. The exhaustion of a soil often meant the removal from it of a minute but necessary constituent. Reasoning from analogy, I ventured to express the opinion that the rarity of second attacks of communicable disease was due to the removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and propogation of the parasite.

The cultivation of micro-organisms, which is now everywhere carried on, enables us to realize the smallness of the change which in many cases suffices to convert a highly nutritive liquid into one incapable of supporting microscopic life. Various important essays bearing upon this subject have been recently published in the *Revue Scientifique*. M. Bouley there draws attention to the results obtained by M. Raulin in the cultivation of the microscopic plant named *Aspergillus Niger*. The omission of potash from Raulin's liquid suffices to make the produce fall to one-twenty-fifth of the amount collected when potash is present. The addition of an infinitesimal amount of a substance inimical to the life of a plant is attended with still more striking results. For example, one part in sixteen hundred thousand of nitrate of silver added to the liquid entirely stops the growth of the plant. And now we come to the important application of this fact which has been indicated by M. Duclaux. Supposing the aspergillus to be a human parasite—a living contagion—capable of self-multiplication in the human blood, and of so altering the constitution of that liquid as to produce death; then, the introduction into the blood of a man weighing sixty kilogrammes of five milligrammes of the nitrate of silver would ensure, if not the total effacement of this contagium, at all events the neutralization of its power to destroy life. An index finger here points out to us the direction which physiological experiment is likely to take in the future. In an-

ticipation of the assault of infective organisms, the experimenters will try to introduce into the body substances which, though small in amount, shall so affect the blood and tissues as to render them unfit for the development of the contagium. And subsequent to the assault of the parasite he will seek to introduce substances which shall effectually stop its multiplication. There are the strongest grounds for hope that in the case of infective diseases generally such protective substances will be found. It is, indeed, confidently asserted that such substances have been found. Dr. Polli, of Milan, for example, who has long experimented on this subject, finds that alkaline sulphides, introduced into the body, act powerfully on the contagia of marsh fever, typhoid, miliary fever, puerperal fever, and small-pox. In cases of pus infection, these sulphides have been found particularly efficacious. Never was greater ardor shown in medico-physiological research than at the present moment; and this very ardor renders it incumbent on the experimenter to keep his wishes and expectations under strong control; it also hints at the necessity of caution in accepting alleged discoveries. But, as M. Bouley justly remarks, if Dr. Polli is correct in his facts, his results must be unspeakably important to humanity. For they would furnish the proof that it is possible, by the use of special agents, to place the human body in a condition incompatible with the existence of contagious organisms.

By the researches of Crudeli and Klebs the deadly malaria of the Campagna was proved to be of parasitic origin; and Crudeli is now engaged on experiments planned on the largest scale, with the view of discovering the means of defence against this formidable enemy. He is a member of the Italian Parliament, and is liberally assisted in his work by the Government of his country. His experiments thus far have been made upon the employés engaged upon

railways which traverse various intensely malarial regions. Arsenic is the substance which he has chosen to defend them from attack. He incorporates this substance in gelatine, formed into little squares, each square containing two milligrammes of arsenic; and he begins by administering to each person a single square per day. The dose is gradually augmented until it reaches eight milligrammes daily. The result thus far is that out of 455 individuals treated in this way 338 were either cured of the fever or preserved from attack; while the negative and doubtful results were, in part, to be accounted for by the want of confidence on the part of the employes, and their consequent neglect of the means intended for their protection. In other places similar experiments have been made with satisfactory results. While cautiously holding the final judgment in reserve, it is impossible to read these reports without entertaining the hope that the day is not far distant when the knowledge yielded by strict scientific inquiry will enable us to sweep these parasitic diseases from the face of the earth. But to attain this end one condition is absolutely necessary, which must be stated here without disguise. The most direct and obvious way of ascertaining whether the human body can, in the way indicated, be protected from the attacks of malaria would be to take two individuals—or, better still, two groups of individuals—and, having defended one group with arsenic and left the other undefended, to inoculate both groups with the malarial poison, and watch the result. It is needless to say that the man who would venture upon such an experiment would be execrated as a murderer; for assuredly some of his subjects would succumb to the test. Is nothing, then, to be done? Is this deadly malady—and it is only one of a number of deadly maladies—to be suffered to continue its ravages without let or hindrance? Why is it that Koch, in his recent ex-

periments in Alexandria—experiments, be it noted, conducted at the risk of his own life, and of the lives of his assistants—attached so much importance to the power of communicating cholera to the lower animals? It is simply because he knew that once thus communicated, a way would be open to him of combating the pest—of devising means to fortify the animal body in anticipation of attack, and to destroy its invaders after the attack had begun. Until this has been accomplished, no sure progress can be made towards the complete extirpation of cholera. In the case of malaria, fortunately, the disease is communicable to bovine animals, and more especially to those unacclimatized to its action. Thanks to the liberal funds placed at his disposal, M. Crudeli is enabled to collect a large number of animals assailable by the disorder. He purposes dividing these animals into two groups; to treat one group with arsenic and to leave the other without treatment, and then to determine, once for all, by inoculation experiments, whether arsenic really possesses the power which his researches seemed to have assigned to it. I am neither a vivisectionist nor an antivivisectionist, and cruelty to animals is abhorrent to my nature. I have approached this subject with a desire to weigh the pros and cons connected with it, to estimate the evil in comparison with the good; and the result of experiment, reading, and reflection leads, in my case, to the conclusion that they who oppose investigations such as those here indicated are unwittingly ranging themselves on the side of the enemies of the human race.—*Pall Mall Gazette*.

Citric acid will assuage the violent pain which is the usual concomitant of cancer. It may be applied to the diseased part on pledgets of lint, in a one per cent. solution, with the result of affording instantaneous relief.

TREATMENT OF BURNS.

BY

PROF. I. T. TALBOT, M. D.,

Boston.

What is wanted as a dressing for burns is something which will preserve the skin and hold it intact until the new one has formed; that is, usually less than one week. After experimenting with a large number of substances I am convinced that there is nothing equal to what I have recommended several times, and which I here repeat—the covering of the burn with the mixture of equal parts of the white of egg and *sweet oil* thoroughly beaten together. If the skin is broken or displaced, it should be carefully brought to its original position, and, if there is vesication, the serum should be removed by puncturing with a fine needle and applying gentle pressure; then the parts should be freely covered with this mixture, which forms a kind of paste, and, to give greater security, strips of fine muslin or gauze may be laid over the wound. This should not be removed till the new cuticle has fully formed and become sufficiently firm to bear exposure to the air. If further vesication takes place under the dressing, the serum should again be removed, as also any pus, if it should form, and then more of the dressing should be applied. If, through motion or other cause, the wound becomes exposed—and daily care is required to avoid this—more of the mixture should be promptly applied. The dressing should completely cover and even extend beyond the part injured, and generally by the third day the edges may be trimmed off with scissors, and by from the sixth to the tenth day the whole dressing can be removed, leaving a perfectly formed cuticle without blemish or scar. I can speak with great confidence of this treatment, for, after an experience of more than twenty years I have never been disappointed with it.—*N. E. Med. Gaz.*

SOURCES AND DEFINITION OF ANIMAL MAGNETISM.

BY

CHARLES E. TAYLOR, M. D.,

New York.

Dupotet, in his work entitled "*L'etudiant Magnetiseur*," defines animal magnetism as an "occult influence that organic bodies exercise upon each other from a distance, that it can neither be weighed, measured nor condensed; that it is a force which every organization gives out, and which all beings can emit." He furthermore remarks, "that it is endowed pre-eminently, with curative properties, and that it is amenable to the scientific treatment of disease." This great authority upon all that pertains to animal magnetism, after reviewing the theories of several magnetizers and physiologists, concludes by stating "that no one knows the nature of this force, and no human being, perhaps, will ever lift the veil which hides it from our intelligence."

I would add to this, that no one who has dived deeply into its mysteries, and who has carefully observed its effects, can come to any other conclusion, judging it from a phenomenal standpoint, for apart from the singular influence which it seems to exert upon sensitive persons, it seems to have no limit as a force when projected by a powerful will. It is then that all our theories seem to crumble to the dust and animal magnetism stands out as a distinct and separate science, which might justly be termed, from its remarkable effects, and its intimate connection with psychology, the "science of sciences." Not, however, until we have a better knowledge of Infinitesimal Creation, till we begin at the beginning, till we thoroughly investigate the sources of all phenomena, will mysteries cease and an approximate solution be arrived at. Nor will this be long, for, thanks to the labors of earnest investigators, what is so mysterious to-day and the property of the few, will be the property

of the universe to-morrow. Just as electricity was an incomprehensible fluid, until Faraday discovered the induction currents and established by experiment the transmutation of force, so have the sources of animal magnetism remained unknown until the discovery of the animal nucleated cell. This discovery, which is due to a German anatomist named Schwann, and which has been profoundly treated upon by later biologists as the beginning of organic life, has furnished the key in the hands of electrical psychologists, to the source of what has, hitherto, been so difficult to understand. Discarding all former theories, as unsuitable to the facts, and regarding the cell as an essential in the formation of all living things, it may be safely affirmed that without it and the peculiar properties which it possesses, all vital manifestations would become impossible. Not until this great fact became apparent to the medical world, had it been able to comprehend vital phenomena, much less to diagnose and treat human infirmities. To-day, however, science has placed its hand upon it, and every day brings us nearer to the problem of life.

Most medical men have given more or less study to the Cell Theory, and there is scarcely a text-book of our colleges but has some chapters devoted to the subject; but it may not be known generally, that besides being the first visible beginning of life, the human nucleated cell possesses other and curious properties. Recent discoveries have shown that these cells play another and more important part than the mere formation of the human economy. Each of them, besides being microscopic, is a little magnetic battery in itself, producing electric currents similar to the ordinary battery, only, instead of being charged with zinc and acid, these living piles are kept in action by carbon and oxygen; carbon for their use being furnished by food, and the oxygen by the atmosphere. Hence the necessity of good food,

exercise, ventilation and magnetic treatment if we would keep these microscopical, living batteries in order; and we dare to say the *utter uselessness of powerful drugs, which only destroy their chemical and electrical properties.*

It would appear from this that health would imply a healthy condition of the cells, and disease the reverse; a weakening of the positive current, producing paralysis; a weakening of the negative, inflammation; and a weakening of both necrobiosis or death of tissue: and just as they would affect this or that variety of cells so would they give birth to different symptoms and every ill that human flesh is heir to. To make my point clear, all cell diseases (for I prefer to place their origin as near to the sources of vitality as possible), in spite of their immense variety, are due to one sole cause, viz.: the weakening or suppression of the cellular electric currents; and owe their causes to disturbances with which every pathologist is familiar. In an article like this, with medical men for my readers, I need hardly state that the existence of the positive and negative currents of the human, nucleated cell is not a vain hypothesis, invented to explain the phenomena of life nor of animal magnetism. They are real facts which have been demonstrated over and over again by the most perfect instruments known to phycisists, such as Mantaneci, of Florence, and Du Bois Reymond, of Berlin, who have incontestibly proved that living tissues, notably the muscles and the nerves, were traversed by electrical currents. And Althaus, in his able work upon Medical Electricity, states that life is not possible without a continuuos disturbance of the molecules, and as every disturbance of these molecules is accompanied by a liberation of electricity, the existence of electrical currents in the animal body appears a necessity. Hence I do not hesitate to declare that animal magnetism has its source in those electrical currents proceeding from

the molecular magnets we call cells, and which, set in motion by the will, or to speak more correctly, by the cerebral nerve-cells, produce all that we know of its phenomena, as manifested to our material senses. These molecular currents present three degrees of intensity, corresponding to three distinct physiological states.

1st. *State of dream or paralysis*, in which the will only occupies one part of the body, and is only obeyed by a part of its organs.

2d. *Normal Condition*, in which the will penetrates into every part of the body, and is obeyed by all its organs.

3d. *Magnetic Condition*, in which the will, after having spread itself all over the interior of the body, extends itself to the exterior, and the individual, experiencing to an intense degree a consciousness of his own individuality, feels himself able to act not only upon his own body, but on all surrounding objects.

This exuberance of will is the magnetic state, having for its origin nerve-cells of the brain, which, when properly directed and thoroughly understood, is an instrument in the hands of physicians more potent than drugs. I trust I have said enough to rouse an interest in animal magnetism, of which it has justly been said that "every physician, priest, or philosopher who lives unacquainted with the singular facts arising from a study of its phenomena, is incomplete in his knowledge and wanting in the true light of science."—*Medical Tribune*.

ABSTRACTS.

ANOTHER AMERIGO.—The *New York Medical Journal* records a discovery by an allopathic physician of Laurel, Ind., that "*Rhus toxicodendron* is a curative agent of the greatest certainty in chronic rheumatic affections of fibrous tissues, especially what is commonly termed sciatica." He says that "the powdered leaves, the infusion, and the extract are

nearly inert." So this bright and original genius gathers the well-developed leaves, cuts them fine, and while still fresh, macerates them in alcohol for two weeks, filters, and his medicine is ready for use—no, not quite ready, for he goes a step further in his original experimentation, and dilutes with alcohol according to the decimal scale, and administers two drops of the third decimal dilution morning and night. Think of it! One of the "regulars" administering two thousandths of a drop of *Rhus tox.* twice a day for sciatica! Why scientific medicine should be expurgated of anything so homœo—beg pardon: it's all right, so long as that frightfully quackish and unscientific term is not applied to it. One step further and we are done. This eminently successful investigator finds that from these two thousandths of a drop twice a day he sometimes gets *aggravations*.—*N. E. Med. Gaz.*

DROWSINESS OF PREGNANCY.—This next patient, a Mrs. L., had been occasionally treated by me before her marriage, and therefore the general conditions of her health were known before that event, and this may serve to throw some light on the treatment of the ailments of pregnancy. She is of strong, healthy, and vigorous constitution for the most part, yet if she remains too much indoors, or at any time eats too heartily, soon complains of constipation and flatulence. She is of dark complexion and bilious temperament. *Nux vomica* and *Bryonia* generally suited her well before her marriage took place. The patient made her appearance on December 28th, with the following account of herself: "Was married more than two months since. The menses occurred five days after matrimony, and have not been seen since, that is to say, no menses for the past two months." The chief symptoms are "not inclined to eat, yet is decidedly hungry. There are sour eructations, and very trouble-

some constipation. Is not troubled with vomiting, and does not vomit her food at all; but there is much accumulation of flatulence in the stomach, the resolution of which eases her for a time until it accumulates again. She feels often very drowsy through the day time (*Nat. mur.*, *Lycopod.*, *Bry. alb.*, *Nux vom.*, *Merc.*, besides other drugs, produce this drowsiness during the daytime). There is pain in the region of the descending colon." The sour eructations and flatulence being so well marked, *Lycopodium* was first tried. *Lycopod.* 3 c. gtt. t.d., although *Nux.* would seem also excellently suited to relieve some of these symptoms.

January 7th. She reports: "I am glad to say the medicine has cured the pain completely." This pain was situated at the part of the abdomen occupied by the descending colon, but extended also to or near the left ilio-inguinal region, and here again we notice, what has been so often noticed before, the elective influence of *Lycopodium* over affections of the colon, and apparently those especially where constipation and flatulent accumulations in this bowel constitute the prominent symptoms. She continues: "Much flatulence remains, and especially comes on after meals. Still feels very tired and drowsy through the day," a very unusual symptom before her marriage. Feels "sick in the morning, but has not vomited as yet." "On the whole" feels "much better."

Finding the wind and sickly sensation without vomiting now such prominent and unrelieved symptoms, notwithstanding a whole week of *Lycopod.*, the time-honored *Nux v.* was now given, these symptoms being both so prominent in the provings and the clinical experiences of that drug. *Nux v.* 3x, 2 drops every six hours.—*Dr. Blake in Hom. World.*

SANITARY APPARATUS.—A very effective apparatus has, it appears, been brought out in London, for

cooling, purifying and disinfecting the air of saloons, cabins, hospitals, &c. The plan consists in pumping cold water through pipes which are fixed in the ceilings, running the length and across the saloon or ward in a hospital. In these pipes are fixed rods, outside of which it is intended to have a thin film of water trickle down, this being regulated by a cap fitted to the upper end of the rod. The water in thus running down the rod will, it is claimed, absorb all the particles of dust, etc., that may be floating in the air, also cure and purify the vitiated atmosphere; any of the known purifying chemical agents can be mixed with water for the purpose of disinfecting. The water, after running down the rods, is carried away by an arrangement of pipes under the flooring.

WHAT QUACK MEANS.—Quack has so long been the medical slang-word for whatever was envied or hated, that its meaning has been forgotten. It is a German adjective; quick, living, alive. The quack is the live doctor, all the rest being only dead-lived. It is, therefore, common for old-school physicians to apply it as a nickname to all that have more success than themselves.

FLUORIC ACID IN GOITRE.—Dr. Edward Woakes gives in the *Lancet*, a detailed account of a number of cases of goitre cured by internal administration of Fluoric acid. His results are quite remarkable, even in cases that had resisted iodine and bromine. Very few failed to be reasonably benefited, and in eighty-five per cent. the cure was decided. The second dilution was used.

ENLARGED SPLEEN IN A CHILD PREVENTING DELIVERY.—The woman had suffered during pregnancy very severely from malarial fever. The patient had been in labor several hours when seen by the physician, and the head was protruding from

the outlet. The labor pains had ceased, and the child was evidently dead. The arms were hooked down, and steady traction made for two hours without any advance. The woman was placed under chloroform, and podalic version was performed; the head having been separated from the body. Still no delivery. The abdomen of the child was then opened, and an immense tumor removed. Delivery was then readily accomplished. In eight hours the placenta came away. There was no flooding, and the patient made a slow recovery. The tumor was an enormously enlarged spleen.—*Obs. Gaz.*

Dr. Kochman, of Strasburg, reports a case of extra-uterine pregnancy, six months advanced, in which the fœtus was destroyed by a single application of sparks from a static battery. The duration of the sitting was about fifteen minutes, and sparks about one and one-half centimetres long were drawn.—*Med. Record.*

FRACTURE OF THE THYROID CARTILAGE IN LEGAL MEDICINE.—Suspicion of murder led to the disinterment at San Francisco of the body of a man who had recently been found dead. Upon examination, fracture of the right wing of the thyroid cartilage was discovered, showing that the man had come to his death from strangulation, due to pressure with the right hand of an assailant.—*Pacific Med. Journal.*

CANCER OF THE BREAST IN A GIRL.—A remarkable instance of the breast being attacked with cancer has lately occurred in a patient aged only 13 years, who was last week under the care of Sir George Porter, in the Meath Hospital, Dublin. The case is interesting in consequence of the youth of the patient.—*Lancet.*

Opium kills 100,000 persons annually in China.

DISLOCATION OF THE HUMERUS FROM SNEEZING.—A man, while cleaning a horse, felt an inclination to sneeze. He stopped work, and raising his arm above his head, supported himself with the other hand against the side of the stable. While in this position he sneezed, and immediately felt that something was wrong with his shoulder. Examination showed an infraclavicular luxation of the head of the humerus, which was quickly reduced under anæsthesia.—*Maryland Med. Jour.*

A REMARKABLE CASE OF EXTRA-UTERINE GESTATION.—The *Lancet* quotes from *L'Union Medicale* an account of an extraordinary case, in which a fœtus at full term had sojourned fifty-six years in the neighborhood of the mother's womb without having undergone any change whatever, and without having caused any distress to the mother beyond that resulting from its size and weight. The mother died at the age of eighty-four, and the perfect infant was discovered in the cyst near the right Fallopian tube.

FŒTUS IN FŒTU.—Dr. Lubimoff Kasan, Russia (Vratch Vedomisti), has recently reported an interesting case of this kind. He found on a little girl born at term, and living, a perineal tumor, of which the right half was hard and the left half soft. On autopsy there were found two cysts in the left half. The right half contained different portions of a fœtus—well-developed foot with six toes, a rudimentary arm, and a stomach. Between the two tumors were found small dermoid cysts, containing epithelial cells, striated muscular fibre, bits of cartilage, and bones containing marrow in the interior.

DIET DURING PREGNANCY.—The diet of the pregnant woman should not be too exclusively starchy, but should include meats, oatmeal, gra-

ham flour, and other articles containing lime salts, as in some cases dental caries progress very rapidly during pregnancy and the few months following it. In some cases it may be necessary to meet the demand for the lime salts by a direct supply, in the way of medicine, whenever it is apparent that the teeth are suffering.—*Medical Journal*.

LEUCOPLAKIA BUCCALIS. — This disease, also called psoriasis of the tongue and buccal mucous membrane is a chronic squamous affection of the dorsum of the tongue and the lips, characterized by white elevated spots and superficial induration of the mucous membrane. It is mostly found in persons having been affected by syphilis of the mouth, or in persons addicted to the use of tobacco. But sometimes it is found in persons neither syphilitic nor smokers, and then there are seen round erythematous spots, looking very red, but, later, blackish, and which undergo desquamation. If the disease has continued for several years, there are large, grayish spots, which become black and are thrown off in lamellæ 3 cm. long. Then there is cicatrization with the new formation of epithelial cells, and the surface of the tongue becomes broken and fissured in different directions. At last the tongue shows several elevated points, which look like the papillæ of the tongue of a cat. These points are confluent, and they form at last the true epithelioma.—*L' Union Med.*

TRANSFUSION OF PURE WATER.—Dr. Coates (*London Lancet*) reports a case of transfusion of pure water, warmed to a proper degree. The patient was a primipara, twenty-seven years of age. The cause of collapse was an alarming hæmorrhage on the ninth day after childbirth. Some twenty-two ounces of water were allowed to enter the median cephalic vein through a Jennings siphon.

The result was striking, and convalescence speedy.

INTRA-UTERINE STRANGULATION OF A FŒTUS BY ITS OWN UMBILICAL CORD.—In the *Centralblatt für Gynäkologie*, January 20, 1883, Dr. E. Fraenkel reports the case of a woman who was delivered of twins, one living, and the other dead and in a macerated condition, the death evidently having been produced by compression of the umbilical cord, which was twisted five times tightly around its neck and separated from its placenta.

MENSTRUATING IN OLD AGE.—Menstruation is sometimes continued until quite late in life. Dr. W. S. Higgins reports the case of a woman seventy-six years old, who is in the enjoyment of good health and menstruates regularly, the flow being preceded by the same kind of feelings that she had when it was first established at the age of eighteen years.—*Med. Record*.

THE WISEST MAY ERR.—Prof. Chrobak at a recent clinic had occasion to call the attention of his class to the care necessary in making a diagnosis. The patient before them had been sent there by a famous gynecologist, with a note to the effect that the woman had an ulcer of her womb which resisted all efforts at cure. After a careful examination, it was found that the ulcer was a piece of sponge. Upon removal of this last a large quantity of retained menstrual fluid escaped, and the supposed ulcer was cured at once.—*Chicago Med. Rev.*

BROMIDE OF AMMONIUM AS ANTI-FAT.—Dr. Gibb recommends the use of bromide of ammonium to those who suffer from obesity. When taken in small doses it will absorb fat, and diminish the weight of the body with greater certainty than any other known remedy.—*Drug. Cir.*

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor :

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors :

Profs. S. P. Burdick, E. M. Hale, E. C. Franklin,
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood, Drs. G. N.
Brigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millsbaugh, Mrs. J. G.
Brinkman, Mrs. Julia H. Smith,

Our columns will always be open to a courteous and
fair discussion of all subjects connected with our prac-
tice, as much as our space allows; but we do not hold
ourselves responsible for the opinions of our contribu-
tors, *unless indorsed in our editorials.*

SUBSCRIPTION, \$2 per year, in advance. For ac-
commodation of subscribers, this journal is not dis-
continued until an order is received to that effect.

Remittances may be made by Post Office order,
check or inclosed in a Registered Letter, at our risk.

A. L. CHATTERTON PUB. CO.,
New York.

EDITORIAL.

*Nobody ought to despair whose cause is
just. Nobody is justified in despairing if he
has a righteous cause to uphold. It may not
be given him to see it triumph, but that is only
a question of time ; it is an immaterial thing ;
but the right itself, why, there is no power on
earth can ever stay it. None can ever defeat
it in the end ; God himself is pledged to its
final victory.*—WILLIAM LLOYD GARRISON.

THE New York State Homœopathic
Medical Society meets in Albany on
the 12th of this month, for a two
days' session. Owing to the legisla-
tion which old-school medicine is
seeking to obtain from the Legisla-
ture, it is of the utmost importance
that we should have a large, enthu-
siastic and harmonious meeting. It is
absolutely necessary that the Legisla-
ture should have demonstrated before
their eyes that Homœopathy in the
Empire State is neither insignificant

in numerical strength, weakened by
dissensions, nor lacking in enthusiasm
nor in determination to enforce its
natural rights.

*
**

LET no one, therefore, excuse him-
self from attendance on account of
business or other engagements. From
a purely selfish point of view it is to
the interest of every Homœopathist
that the State Society should be vig-
orously sustained. The right to
practice medicine according to the
Hahnemannian principle is bound up,
as far as this State is concerned, in
the life of that Society. Vigilance is
necessary to preserve the concessions
which have been wrung from the dom-
inant school. Vigilance can be ex-
pressed only through organization ;
and for this purpose the State Society
is the recognized mouth-piece. Let
us therefore make it as powerful
numerically as possible.

*
**

THIS meeting of the State Society
is not only for the members thereof,
but all physicians who practice
Homœopathy will be cordially wel-
comed. By the recent changes in
the rules of the society any legal
practitioner of medicine can become
a member upon the written indorse-
ment of three permanent members.

*
**

WHAT is known as the Erie County
Medical Bill is a speciously drawn
measure containing some excellent
provisions—and a cloven foot. It
covers up with much verbiage and
the appearance of candor and justice
a plan to strangle Homœopathy ; its
Allopathic originators apparently re-
lying upon the delusive hope which

is held out of recognition and assimilation to quiet the fears of Homœopathic practitioners. Now we don't care for recognition, and all the assimilation which is likely to take place is of the wolf and lamb sort, which is always detrimental to the lamb.

* *

THE proposed medical law puts all matters medical in this State into the hands of six Allopathic physicians, to be selected by the Governor. The Board is, indeed, to contain two Homœopathists and one Eclectic, but these will be a powerless minority. These six Allopathists will have the power to take away the license of any one whom they may declare guilty of unprofessional conduct, and from their decision there is no appeal. They are made sole arbiters of what is correct practice. They can declare that the prescription of a dose of the sixth potency of Aconite is unprofessional and with one sweep of the pen revoke the license of every man who refuses to renounce Homœopathy.

* *

A STRONG effort is being made to produce the popular impression that the profession are united in the advocacy of this measure, and articles with that purport are being printed in the secular press throughout the State. But is it not stated that "profession" means the Allopathic fraternity. The Eclectics are already active in repelling the assertion that they will submit to a one-ninth representation, and it is to be hoped that the Homœopathic physicians will speak, through the State Society, with no uncertain voice. New York county

has already entered an earnest protest against this iniquitous measure, and if all other county organizations do likewise this bill will go *under* the table the same as last year's proposed law.

* *

IN another place we call attention to the great injury to babyhood wrought by Mrs. Winslow's Soothing Syrup, with the hope that our readers everywhere will use their influence to crush out this fraud upon the community. This can be done by articles in the local press, and by personally warning mothers and nurses of the deleterious effects of opium thus administered. Especially is such guidance needed among the poorer classes, where the use of this nostrum frequently leads to fatal consequences. Copies of the article—A Seductive Drug—can be had, in any desired quantity, by application to the editor.

* *

THIS journal was originally named the AMERICAN HOMŒOPATHIST. When the late Dr. Blumenthal was editor he changed the title by dropping the last syllable, claiming that Homœopathist meant one who *believed* in Homœopathy and a Homœopath was one who *practiced* Homœopathy. This has always seemed to the present editor a mistake, for the following reasons: The Greek words from which the term is derived are *ὁμοίος* and *πάθη* i.e., *homoios pathe* and *homoio патheia* means a similarity of passions, affections, or emotions. The Greek terminal *istes* is from *ὑστάνημι* *histame*, to stand, and means one who stands in some opinion, doctrine, or

party. Thus Homœopathist means one who receives the doctrines or technic of Homœopathy. Now the word Homœopath is a contraction, the same as gent of gentlemen or pants of pantaloons, and is certainly inelegant. But following analogy and custom in abbreviating words it is a contraction of Homœopathy, if admissible at all, and can never legitimately stand for Homœopathist.

As a matter, therefore, of correct philology we believed that the only legitimate title would be the AMERICAN HOMŒOPATHIST; but, before restoring the missing *ist*, submit the question to our subscribers. The editor will be pleased to receive from all the readers of this journal their opinion, *pro* or *con*, on the desirability of changing the title by restoring the *IST*.

*
* *

WE have received from a nostrum vender a circular in which is announced "a wonderful remedy," "a specific" and "unrivalled cure" for "all cases of constipation." Appended thereto is the following remarkable paragraph (we suppress the name):

Dr. —, of — West — street, this city, who is one of the Professors in the New York Homœopathic Medical College, informed me recently that he had used these pills in his regular practice for several months and that they had never failed to give perfect satisfaction, and he told me that I could use his name as a reference. A great many physicians in this city and Brooklyn are now using them with perfect success, and the unanimous verdict of all physicians who have tried them, is, that my — *Pills* are the only satisfactory remedy for constipation.

This gentleman, alas, may be so ignorant of the materia medica as to be compelled to resort to pills of unknown composition to relieve consti-

pation; but it would seem discreet to veil such ignorance with silence.

The charge is made, in season and out of season, by Allopathic writers that Homœopathists do not practice Homœopathy; evidently here is one who does not—and a professor in the New York Homœopathic College! It will be interesting to note how the Homœopathists in the faculty will stand it, for there really are some of them who cure constipation without these wonderful pills.

*
* *

THE Massachusetts Homœopathic Hospital, East Concord Street, Boston, closes its seventh fiscal year with brightening prospects. The number of patients treated during the year was 277, with a death-rate of only 3.5 per cent. The addition to the surgical wing of the hospital is nearly completed, and subscriptions are coming in rapidly. Of the seventy-six thousand dollars required to pay for the improvement, over sixty thousand have been paid in. The current expenses of the hospital for the past year were \$11,718.42, \$400 less than the previous year. The income however was only \$9,629.29, leaving a deficiency of \$2,089.13. We hope the hospital may soon become self-sustaining, and that it and all who have labored to make it what it is may be prospered in every way.

*
* *

A BILL has been presented to the New Jersey Legislature to prevent any one practicing Homœopathy under an old-school diploma. How is that? As this will affect the status of many of our physicians its progress should be watched.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK COUNTY.

The annual meeting was held on Dec. 12, at the Ophthalmic Hospital, Dr. F. E. Doughty, President, in the chair.

The following officers were elected for the ensuing year: President, F. E. Doughty; Vice-President, G. M. Dillow; Secretary, Chas. Dedy; Treasurer, T. F. Smith; Censors, C. E. Beebe, St. Clair Smith, J. M. Schley, W. J. Bauer, and L. L. Danforth; Delegates to the State Society, P. E. Arcularius, E. Carleton, L. L. Danforth, G. M. Dillow, D. B. Hunt, E. V. Moffatt, N. M. Moseman, W. E. Rounds, J. M. Schley, St. Clair Smith, E. West, J. McE. Wetmore, M. E. Bond, J. H. Thompson, C. E. Beebe, F. H. Boynton, J. Butler, H. M. Dearborn, M. Leal, C. S. Macy, J. H. McDonald, C. F. Sterling, S. H. Vehslage, and S. F. Wilcox.

The Treasurer reported \$326.00 on hand, being a decrease of over one hundred dollars during the year. He suggested that some method be adopted to reduce the expenses of the society.

Dr. Fredk. E. Rabé was nominated for membership. Dr. Caroline J. Y. Keep was transferred from corresponding to active membership, on motion of Dr. Cowl.

Dr. McMurray said he did not see any necessity for a board of censors now that the recent change in the law had taken away the power of county societies to grant licenses.

Dr. A. B. Norton said that the new law (1880) regarding the licensing of physicians does not abrogate the power of the county societies to grant licenses, although it was probably intended that it should, and had been so construed.

Dr. Cowl moved that the Secretary send notices to each delegate to the State Society requesting his attendance at the meetings. Carried.

Dr. Dillow stated that in some of the resignations which have been presented to this Society it has been assumed that the law compelling

membership in county societies had been repealed. In looking over the law of 1880, he could find no provision repealing the previous law compelling membership in county societies, and he believes it is still in force. He therefore moved that a committee be appointed to examine into the question. After considerable discussion a committee consisting of Drs. Dillow and Cowl was appointed and empowered to spend not exceeding fifty dollars in obtaining legal advice in the matter.

Dr. St. Clair Smith was empowered to purchase back volumes of the State transactions for the library of the Society, at an expense not to exceed fifty cents per volume.

Dr. Cowl moved that the Librarian report as to the present contents of the library at the next meeting. Carried.

Dr. Petersen's resignation was not accepted as he was in arrears for dues.

On motion the Society adjourned.

— — — — —
A regular meeting was held Jan. 9. The committee, on the question whether the law of 1880 modified the powers of the county societies, presented a report, founded on legal advice, to the effect that the law of 1880 did not take away the powers of the county societies under the old law. Accepted.

President Doughty said: "For the compliment you have paid, and the honor conferred upon me in calling me a second time to the Presidency of our Society, I will tender my heartiest thanks. I recognize in this act, not an expression of your kindly feelings towards myself wholly, although I hope this did enter somewhat into the spirit of your action; but rather as the entire ticket was re-elected, as an expression of your approval of the course pursued by your officers during the past twelve months. But if I personally, or the officers as a body, have to thank you, I feel that we are under great

obligations to you for the earnest support you have given us. We have endeavored to infuse new life into the Society and would have been utterly powerless without an efficient response. We have had more papers presented this year than for a number of years past, and of better quality. The great misfortune has been lack of time rather than lack of papers. The course of having all the papers read which were presented on an evening heretofore, before they were discussed, has been deemed due to the Chairman of the Bureaux, as it would seem discourteous to him to wait until each paper was discussed, and gradually members would drop out one by one on an evening when there were several papers read, and the Chairman would have but few to listen to his. It has been deemed advisable to alter this course and have the discussion of each paper after it is read, having an extension of time when necessary, and even an extra meeting if need be. While we have had an abundance of material and some discussion, with evident signs that more interest was being taken, it seems to me something more is required to bring members here. It demands quite a little effort to come out even on a pleasant evening. Many would rather spend the few hours at home perusing journals and feel they could gain as much in that manner as they could here. But there is something more than simply coming here to acquire or impart knowledge. We must ever remember that we owe to the name Homœopathy whatever position we occupy in the profession. And while I do not see that we are in any danger of being destroyed as a school, inasmuch as this Society represents the Homœopathic school in this county, I think we must support it; it may apparently possess no power, but if an emergency should come the profession must flee to the County Society as a means of defence. We want to make it an instructive and efficient institution as well. The support you

have given during the past year I hope will be continued, by papers, discussions and your presence. I am unable to furnish a list of the Bureaux for this year, on account of delays in filling them. Even the Bureau of Materia Medica, which will report next meeting, is not completed. I do not consider it advisable to occupy your time to-night with an address other than of a medical nature, for however it might please it would not leave an impression; I have decided therefore to select a medical topic.

Prof. Doughty then delivered an address on Urinary Calculi.

Dr. Schley said he would like to offer a resolution to the effect that on the death of a member due notice should be given by the president, through the daily press, to the Society. He thought it advisable for many reasons. Besides the respect due to the member, it would let the public know that the members of the Homœopathic Society were interested in each other. Seconded by Prof. Lilienthal. Carried.

Dr. Dillow read the proposed bill known as the Erie County Bill, in which a State Board was asked for consisting of six Allopathists, two Homœopathists, and one Eclectic. Comments adverse to the bill were made by Drs. Dillow, Cowl, Lilienthal, Winterburn, and others, and a resolution was adopted requesting the State Society to use its influence to prevent the passage of the measure.

The Society adjourned.

PRACTICAL MEANS OF PURIFYING THE AIR.—An interesting article has lately been published by Dr. Tuillis Bonizzardi, on mountain air.

The author recalls the experiments of Moscati on the difference between air collected at the surface of marshy plains, and that taken from lofty hills and mountains and draws the following conclusion:

"That people die more frequently and more quickly from the noxious in-

fluence of miasms and carbonic acid, than from the deficiency of oxygen."

He proposes the following curious experiment in support of his proposition.

Three hens, similar in condition, are placed, each under a large bell-glass resting on a smooth surface, so as to exclude the surrounding atmosphere. Under one of the glasses is placed, with the animal, a piece of quick-lime, and under another, pieces of wood charcoal, while the third contains only the animal.

At the end of half an hour the animal under the second glass, which contained the charcoal, although less active, was not suffering.

The one under the first glass, which contained the lime was nearly dead. The hen under the third glass was quite dead.

In the first case the animal showed only slight signs of disturbance, because the charcoal had absorbed all the foul air coming from the lungs.

In the second case the animal still retained some vitality, because the lime had absorbed the carbonic acid gas.

In the third case the animal died, poisoned by the carbonic acid gas and the miasms exhaled by the animal itself.

These experiments prove the influence of miasmatic and poisoned atmosphere.

Conclusion.—1. To purify the sick-room, place in the bed a small basket or other porous article, containing wood charcoal, for the purpose of absorbing the foul air, which, if diffused throughout the surrounding atmosphere, would be constantly returned to the lungs and cause the patient to die of auto-infection.—2. In a sick-room in which infants are sleeping, it is necessary to put a box or basket, containing a piece of quick-lime and some wood charcoal, for the purpose of fixing the carbonic acid exhaled from the lungs, and of absorbing all the foul air generated in the system, and given off by exhalation from the skin or otherwise.

MATRIMONY AND UTERINE POLYPI. —The defendant in a recent breach of promise case in Mercer county, O., based his defence on the fact of the development of a fibrous polypous tumor in the uterus of his betrothed. This would seem to be a valid excuse for a man's not marrying a woman, but the plaintiff claimed that the growth was produced by and resulted from the protracted courtship, causing her to brood upon the prospects of entry into married life. It was proved by experts that prolonged courtship is harmful, superinducing a condition of erethism, and the jury awarded the plaintiff a verdict of \$3,000 as a balm for her wounded feelings and polypoid uterus.—*Medical Age*.

DIPHTHERITIC INFECTION THROUGH AN EAR-RING.—Dr. A. Jacobi relates a case illustrating the conveyance of diphtheria by means of an ear-ring. The patient, a little girl, seven years of age, had been removed from home during the course of her sister's fatal illness, and had returned on the day of the funeral. The ear-rings which the deceased child had worn had been superficially cleansed, and given to the sister two days later. Shortly after, one of the ear-ring holes became inflamed, and the next day the lobule of the ear was covered with a white deposit; soon after, a previously-existing blistered surface behind the other ear had a diphtheritic membrane formed on it, and a day later diphtheria of the pharynx was developed.—*N. Y. Med. Jour.*

THE MICROCOCCUS OF GONORRHOEA.—Leistikow, in the *Berliner Klin. Wochenschrift*, speaks of some researches on this parasite, previously described by Neisser. He found it present in two hundred cases of urethritis in men. It is distinguishable from the other parasites causing infectious diseases, and is found in the interior of the pus globules which make up the discharge present in this

disease. They are never found in other than ganorrhœal discharges. Their presence suffices to prove the specificity of a complication (*arthritis* or *ophthalmia*). Few in number during the early stages of the disease, they become more and more in number as the disease advances. Their disappearance shows that the danger of contagion has disappeared. The specificity and individuality of the parasite seems proven by Leistikow. Its peculiarities being its form, its habitat and its abundance during the active stage of the disease.

LITERATURE.

It is a great satisfaction to contemplate the completion of any worthy work which has required for its evolvment an extended period of time. For nearly a score of years Doctor Henry Minton has labored with assiduity to bring order out of chaos in uterine therapeutics, and to so simplify its study that even the inexperienced fledgling need not go very far afield. Doctor Minton's extensive clinical experience and natural analytical aptitude has enabled him to combine thoroughness with brevity and simplicity in the work which now completed lies before us.* It consists, indeed, of two entirely distinct books bound in one. The first of these is a *materia medica*. Nearly two hundred remedies are examined; these, being arranged in alphabetical succession, are studied analytically under various headings, as follows: Menstruation, before menstruation, during menstruation, after menstruation, amenorrhœa, metrorrhagia, lochia, leucorrhœa, concomitants, aggravations and ameliorations. These headings being in heavy-faced type attract the eye, thus making the book its own index. Under each heading is grouped all the concomitant symptoms, thus pre-

senting a clear idea of the disease without wading through a lot of irrelevant matter. As for instance, under *Platina*:

Leucorrhœa.—Especially in women who suffer from constipation; owing to the glutinous nature of the excrement, the stools adhere to the rectum and anus like soft clay. Albuminous leucorrhœa only in the daytime, with sensitiveness of the vagina and external parts. Leucorrhœa, with pinching pains in the abdomen, pressing down in the groins, or in the pudendum, or alternating between the two. Leucorrhœa without pain or sensation, especially after micturition or when rising from a seat. Leucorrhœa before and after menstruation. Voluptuous tingling in the pudendum and abdomen with oppressive anxiety and palpitation of the heart.

The second part of the work is a repertory of symptoms under the same set of headings. Owing to the admirable arrangement of the text and running titles this part of the work will be found of great usefulness. It is the best repertory we have, not excepting Bell's on *Diarrhœa*. The publishers have done their work well, and have added one more valuable book to our working library.

Any one familiar with the trend of thought in the department of psychological medicine must have noticed the tendency of alienists to increase the range of unaccountability for crime. It is not long since the limit was fixed at ability of the criminal to know right from wrong; but it is evident that at the present time there are many who believe that though a person may know a thing to be wrong he cannot control his conduct owing to the diseased condition of the brain. This presents a very difficult problem to jurists, for if this view be correct, many persons are classed as criminals unjustly. But the delicacy of the problem offers no excuse for ignoring it. Possibly all our ideas of wrong need readjustment. If so the sooner the wiser. Doctor E. C. Mann is clearly of this opinion, in which he has the support of Lord Coleridge and other eminent jurists,

* *Uterine Therapeutics.* By Henry Minton, A.M., M.D. 8vo, pp. 710. (New York: A. L. Chatterton Pub. Co.)

philanthropists, and thinkers. These views are set forth with all else pertaining to psychiatry, including a digest of the lunacy laws in the various States, in a recent work.* We can highly commend this book to our subscribers as possessing unusual merit. Beside the chapters on legal responsibility, those on the histology of the cerebrum in the insane, on expert testimony in criminal trials, on modern nervous diseases, and on the prevention of insanity, will be found peculiarly interesting and instructive.

A little manual by Dr. Kitchen, on Diseases of the Nose and Throat,† deserves commendation. It gives a brief account of the more common disorders of the upper air-tract, just such knowledge as every practitioner ought to possess, in a very agreeable and readable manner. The treatment recommended is mainly local, and we believe is far inferior to pure homœopathic practice. The typography is excellent.

The first edition of the small work on diseases of the skin by Prof. Kippax, issued a couple of years ago, having been exhausted, a new edition is now presented, revised, enlarged and improved.‡ Though too much emphasis is given to local treatment, the book will be found on the whole a useful guide in the study of skin affections and their treatment. We have been in the habit of commending it to students, and find the new

edition still more useful as a handbook. Prof. Kippax has the knack of expressing an idea in a crisp, sententious style, which is usually very satisfactory to a learner.

Prof. Aitken's handbook of treatment* furnishes the latest ideas in therapeutics (allopathic) arranged in a convenient form for ready reference.

The accomplished editor of the *Homœopathic Physician* has arranged in a very acceptable form a repertory to the symptoms of cough and expectoration,† drawn from the most reliable sources. Twenty-eight authorities are named, and these are numbered in order. Each symptom in the repertory is also numbered to correspond with that of the authority from which it is drawn; thus giving every one the opportunity to know whence the information comes. The typographical arrangement is such as to make symptom-hunting a comparatively easy task, and the paper on which the book is printed is a delight to the eye. It will therefore be found a very useful book to have handy, especially at this season of the year, when cough is such a frequent, and often perplexing symptom.

The sixth edition of Prof. Parkes' excellent work on Hygiene has been issued‡ by William Wood and Company, with an appendix by F. N. Owen on American practice in matters relating to hygiene. The work

* A Manual of Psychological Medicine and Allied Nervous Diseases. Designed for the General Practitioner of Medicine. By Edward C. Mann, M.D. With Photo-type Plates, and other Illustrations. 8vo., pp. 699. (Philadelphia: P. Blakiston, Son & Co.)

† Student's Manual of Diseases of the Nose and Throat. Descriptive of the more commonly seen Diseases of the Upper Air-Tract, with the Methods of their Treatment. By J. M. W. Kitchen, M.D. 12mo, pp. 127. (New York: G. P. Putnam's Sons.)

‡ A Handbook of Skin Diseases and their Homœopathic Treatment. By John R. Kippax, M.D., LL. B. 12 mo. pp. 292. (Chicago: Duncan Bros.)

* A Complete Handbook of Treatment. Arranged as an Alphabetical Index of Diseases. By William Aitken, M. D., F. R. S. 12mo., pp. 442. (New York: Bermingham & Co.)

† Cough and Expectoration: A Repertorial Index of Their Symptoms. Edited by E. Jennings Lee, M. D., assisted by George H. Clark, M. D. 8vo, pp. 202. (New York: A. L. Chatterton Publishing Co.)

‡ A Manual of Practical Hygiene. By Edmund A. Parkes, M. D., F. R. S. Edited by F. S. B. Francois de Chaumont, M. D., F. R. S. Sixth Edition. With an American Appendix by Frederick N. Owen, C. E. With Many Illustrations. 2 volumes. 8vo, pp. 924. (New York: William Wood and Co.)

is written up to March, 1883, and is a valuable compend of all that is known on sanitation. The first volume is devoted exclusively to the topics *air, foods, beverages, water, and soil*. In the second volume is discussed, *habitations, clothing, the disposal of the dead, and the prevention of disease*. Of the author (the late Prof. Parkes) it has been epigrammatically said by one who knew him well: "He was punctual to an hour, and precise to a three-place decimal." That fidelity to truth and thoroughness is evident on every page of this manual. The profession are under obligation to Prof. Parkes in many directions, but in none more than for his labors in regard to preventative medicine. Although written for English practitioners, and therefore containing much that is irrelevant to this longitude, yet the work will be found of great value, both as to the original text and the able appendix by the American editor.

ITEMS.

"The Æsculapian" is a new medical monthly, published by Birmingham and Co., New York, at two dollars per year.

The Indiana Homœopaths want to know why they are not entitled to the medical control of one of the two new hospitals which that State is building.

"The Century Magazine" is full of good things, and sustains the reputation it long ago attained. It and "St. Nicholas" deserve a place in every household.

Dr. H. N. Guernsey, of Philadelphia, will bring out soon, "The Natural Philosophy of Disease, and The Natural Method of its Cure," with numerous illustrative cases.

At a recent California wedding the family doctor, in a thoughtful mood, contributed a bottle of bay rum, believing that the groom would need something to bathe his head.

Brother Henry C. Allen has been "banqueted" by the Philadelphia County Society, and now suggests that in future the banquet of the American Institute be managed by them. Who could say more!

"The Mass. Eclectic Medical Journal" is now published at the low price of one dollar a year. It is a vivacious and breezy monthly, and worth having. 31 Cornhill, Boston, is the publisher's address.

The State Board of Health, of West Virginia, have exonerated the American Medical College, of St. Louis, in the matter of one J. W. Davis, of West Virginia, who obtained a diploma from the St. Louis College by fraud.

The February number of "Demorest's Monthly" contains among other readable articles, "The Yellowstone National Park," "The French Shakespeare," "Life in New York" (Jenny June), and "The Mediæval Mystery of the Passion Play."

"The Manhattan" is an illustrated monthly magazine, just entering on its third year. The February number contains many beautiful pictures, several interesting articles on travel, two short stories, caricature by Frank Beard, and other good things.

Prof. J. E. James recently removed, at the hospital of the Hahnemann College, Philadelphia, a degenerate kidney in a thirteen year old boy, resulting in a radical cure. The Philadelphia school are to be congratulated on such good work by its staff.

Dr. Chas. Deady, Resident Surgeon, New York Ophthalmic Hospital, reports the daily average attendance of patients during December as 125, the largest number on any day 230, the number of new patients 656, and the prescriptions for the month 3,244.

"The Homœopathic Physician" has entered upon its fourth year. The three volumes already issued contain a splendid series of original articles from the ablest prescribers in our school. It may be had at two dollars and a half a year of A. L. Chatterton Pub. Co., New York.

Dr. James, professor of midwifery in the University of Pennsylvania, had such a sense of delicacy that he never could bring himself to lecture on the female generative organs, and entrusted that duty to his assistant. Probably he was related to the Quaker maiden who would not walk in the garden because the potatoes had eyes.

Dr. J. B. Duff, Chicago, says: "I have used Horsford's Acid Phosphate in urinary difficulties and in many nervous affections, with most gratifying results. In the incipient stages of Bright's disease the Acid Phosphate is just the thing, and if used during convalescence of eruptive diseases there will be no affections of the kidneys."

The driver of a University Hospital ambulance (Philadelphia) got into a dispute with one James Mallon, of Sharon Hill, and threw a stone, severely injuring him. The driver then placed Mallon in his ambulance and drove him to the hospital for treatment. This is a novel way of securing patients which we commend to those doctors who are lamenting the dreadful healthfulness of the times.

THE AMERICAN HOMŒOPATH.

NEW YORK, MARCH, 1884.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. THIRTY-THIRD ANNUAL MEETING.

The Homœopathic Society of this State held its annual session in Albany, as usual, on February 12 and 13. The attendance was large, the discussions though often spirited were never acrimonious, the papers presented were most of them of more than average merit, and were listened to with interest. Fifteen permanent members were elected. Profs. S. P. Burdick and T. F. Allen, were recommended to the Regents of the University for the honorary degree in medicine. Dr. Edward S. Coburn, of Troy, was elected to the presidency. Resolutions demanding equal justice in all medical legislation were adopted. Dues to the amount of nearly fifteen hundred dollars were remitted. Dr. Hollett was thanked by unanimous consent for his able performance, for two years, of the arduous duties of secretaryship. Dr. Everitt Hasbrouck proved an eminently efficient presiding officer. The semi-annual meeting will be held at Binghamton. Below will be found a report of the salient features of the meeting, including condensations of the more important papers, as far as our space will permit. The editor's thanks are returned to the President and the Chairman of the Bureaux for courtesies received.

The thirty-third annual session of the Homœopathic Medical Society of the State of New York, commenced in the Common Council chamber of

the City Hall, at Albany, on Tuesday, February 12, at half-past ten o'clock. The attendance was larger than in former years and among the delegates were five lady physicians.

The society was called to order by the President, Everett Hasbrouck, of Brooklyn, and the proceedings were opened with prayer by the Rev. Dr. Leech, Chaplain of the State Senate.

President Hasbrouck then delivered his salutatory under the title of

RETROSPECTION AND SUGGESTIONS.

Another year of the Society's existence had passed into endless eternity. During that year the Society had taken no backward step, and its march had been onward and upward. The membership had been increased by worthy physicians of both sexes. The principles of our common cause had been upheld by an earnest and candid support. No semblance of dissension or discord had been observed in any quarter. While all this was true, the Society was not to-day upon as high a plane of merit and usefulness as a society of such age, size and talent should have reached. The reason was a want of zeal and interest on the part of a large proportion of those who make up this body. The Society had convened for the purpose of increasing the knowledge of disease and its treatment to meet the demands of physical distress. He thought it had been demonstrated that the Executive Committee of the Society was large and unwieldy, and suggested it be limited to the officers of the Society. In regard to fees of members, it was suggested that all delegates should be obliged to pay, and that a by-law be made debarring from the privileges of membership those whose fees remain unpaid at any annual meeting. He suggested that the Transactions be issued within three months after an annual meeting. The Society should furnish its members

with a certificate of membership, and section 10 of the by-laws should be so amended as to make the fees of the Society \$5 for the first year and \$3 for each subsequent year. It was also suggested that the by-laws be so changed as to require the President to present a report of the general condition of the Society for the year, with such recommendations as may be deemed necessary, and that the annual address should be delivered at the semi-annual meeting. Some progress had been made by the American Institute of Homœopathy through its committee to secure legislation at the National Capital, which would place all practitioners and students of medicine upon an equality of opportunity for examination for positions in the army and navy; but the full object was far from being attained. The Society should render all possible aid to the Institute to secure a result which could only be the embodiment of justice to us as physicians and as citizens of a free and enlightened country. President Hasbrouck concluded as follows:

"Four years ago the Society adopted a resolution directing the Committee on Legislation to make efforts to secure the passage of a law which would take from all colleges in the State the power to license its graduates to practice medicine. While this subject since that time has been under constant discussion by the profession, no perceptible result has been reached until now, when there are several bills relating to the subject before the Legislature for its consideration. The time for action on our part as a society and as individuals seems to have arrived. Let me urge upon you to use all endeavor to secure the passage of a law which shall at once be just to the principle in medicine which we uphold, and to the whole profession. My ideal of such a law is, that *all* students shall be subjected to examinations which shall comprise the whole subject of medical practice, independent of the college from which their instruction has been

received, or the system to which each individual predilection may revert. The Legislature will, in all probability, enact some one of the many bills placed before it. It will be our privilege and duty to bring to bear such influence as we may upon the appointing power, as will secure to the State an Examining Board which shall stand aloof from all professional bias, and known only as men of the highest integrity.

"To all who may be gathered here during the session of the Society, I extend on its behalf a cordial welcome, and an assurance that no bar or hindrance will be offered to any attempt at discussion which shall come in the interest of helpfulness in our profession."

The address was received with applause.

The minutes of the last annual meeting were adopted as printed in the Transactions of the year.

The following committees were announced:

President's address—H. C. Houghton, E. S. Coburn and F. Park Lewis.

Credentials—H. L. Waldo and John L. Moffatt.

Auditing—N. Osborn, P. W. Mull and H. M. Dayfoot.

Invitations—H. M. Paine, J. J. Mitchell and W. H. Barnes.

Communications were received from Dr. Alice B. Campbell, of Brooklyn, as delegate, giving an outline of the business transacted by the New Jersey State Medical Society, and from Dr. Anna C. Howland, of Poughkeepsie, giving the result of her visit to the annual session of the Vermont State Medical Society. Both communications were accepted.

A communication was also received from the New York County Society, transmitting resolutions requesting the State Society to take action against the passage of the act now before the Legislature creating the medical faculty of the University of the State of New York. A motion to table the communication was defeated, and it was referred to the committee on

Legislation to report such resolutions as may be necessary to express the sense of the Society on the bill in question.

Treasurer Edward S. Coburn reported that the receipts for the year were \$1,083, and the disbursements were \$923.06, leaving a balance on hand of \$159.94. The Treasurer also reported that there was due from County societies and members the sum of \$2,268. The report was referred to a special committee consisting of Drs. Terry, Burdick and Mitchell.

Nominations for officers being next in order candidates were named for the various positions. Those nominated for President were E. S. Coburn of Troy, M. O. Terry of Utica, and J. W. Dowling of New York.

Dr. A. W. Holden, necrologist of the Society, reported memoirs of the members who had died during the year.

The following were then elected permanent members, on the recommendation of the Board of Censors: George S. Norton, W. H. Proctor, O. W. Peterson, Thomas D. Spencer, Daniel Simmons, Jr., George F. Hand, R. B. Sullivan, Merritt T. Dutcher, William C. Latimer, Moses M. Frye, J. Mallory Lee, Sarah Eddy Throu, C. W. Cornell, J. T. Greenleaf, Irving P. Truman.

Prof. S. P. Burdick, of New York, was nominated for the Regent's Degree.

Dr. J. Savage Delavan, of Albany, paid an eloquent tribute to the memory of the late Dr. Elisha Harris, whom he said knew no school or faction in his life-long, noble endeavors in the cause of public health. He offered brief but appropriate resolutions which were adopted.

Dr. A. P. Williamson, of the Committee on Societies and Institutions reported statistics of the thirty medical societies, eight hospitals, asylums and infirmaries, the State University, three colleges and five dispensaries. The societies have a membership of 1,057, and 111 new members had been admitted during the year. In the

hospitals and asylums, 17,636 patients received treatment. There were 202 matriculants at the colleges. At the dispensaries 53,226 prescriptions were made and 20,404 patients visited.

The Committee on Legislation made its report. The following memorial was read by Dr. Selden H. Talcott, of Middletown:

To the Legislature of the State of New York:

We, the members of the Homœopathic Medical Society for the State of New York, represent that,

WHEREAS, Medical bills for the the purpose of regulating medical practice in the State have been introduced before your honorable body, the tenor of such bills being the removal of the licensing power from the legally chartered colleges in the State, and the vesting of such powers in a Board of Examiners appointed to act under the direction of the Regents of the University; and

WHEREAS, These bills will tend to affect legally the interests of all those systems of medicine now recognized by law; therefore,

Resolved, That we favor, as a Society, the appointment of a proper Board of Examiners, providing that each system of medicine now recognized by law, shall have equal representation on said Board. The colleges represent the Congress and the Board of Examiners the Medical Senate of the State. Therefore, this Board should be composed of an equal number of members from each system of practice, viz.: three from the allopathic, three from the homœopathic, and three from the eclectic schools of medicine.

Resolved, That each candidate for a medical degree from the State University shall be required to pass in materia medica, and therapeutics in accordance with each of the theories of practice now recognized by law.

Resolved, That without these catholic and cosmopolitan provisions, we are opposed to all the bills regulating medical practice now before

the Legislature on the ground that they are imperfect, one-sided, and tending to injustice, and that nothing short of the broad and equitable provisions we have enumerated will satisfy the demands of those who seek the interest of a higher medical education and the general welfare of the people of the State.

This report was made a special order of business for the afternoon, and the Society adjourned at 1:30 P. M. for dinner.

Afternoon Session.

The Society reassembled at 10:30. The report of the Committee on Legislation was taken from the table and, after prolonged discussion, was adopted.

Dr. Geo. M. Dillow, of New York, offered, as a substitute for the report of the committee, a series of resolutions setting forth that the adherents of the various medical bills now before the Legislature had ignored this Society, and the county societies affiliating therewith, in the preparations of said bills, and that therefore this Society respectfully ask the Legislature to refuse to pass any bill that had not been referred to, and received the assent of, this Society. Dr. Dillow supported his motion in an able and cogent address, but failed to convince the majority of the members, although he rallied a very respectable number of them to his side. Probably no proposition would have stood much chance as opposed to the regular report of the Legislative Committee.

The motions and counter-motions, amendments and suggestions, offered during the progress of this debate taxed the patience and skill of President Hasbrouck, but he proved equal to the encounter and guided the Society through the mazes of parliamentary procedure with tact and kindliness. In fact all through these two days' sessions he proved himself worthy of the position in which the Society had placed him.

Dr. George W. Winterburn, of New York, presented the report of the

Bureau of Materia Medica. Letters were read from Drs. Arthur A. Camp, of Minneapolis, and F. F. Laird, of Utica. Dr. Camp presented some suggestions, which should meet with careful consideration on

MATERIA MEDICA PROVINGS.

Usually in each State it is the custom of the Bureau of Materia Medica to select some drug for proving, thereby somewhat enriching our fund of knowledge. But really what does it amount to? Most of us chairmen are selected because the local President thinks it has become our turn to see what we can make of it, and not because of any special fitness for the position. In many cases our Bureaux do not contain more than four to six observers; and in the matter of drug proving what does their dictum prove? If their labors are recorded in the Transactions of their respective States there must be many individual symptoms finding their way into the "proving" which have occurred to but one of the observers, and hence may be unreliable as guides to cure sick people, being of value only as individual curiosities.

Now what we need is *more* workers and *co-operation*. We have twenty-six State Societies, besides the American Institute, Western Academy, American Pædological Society, and American Ophth. and Otol. Society, which is certainly material enough if we would only act in unison. If each society only contributed four members, we would have a working force of one hundred and twenty, whose report on any drug would command confidence. Let this force be under the control of the most eminent scholars in Materia Medica, who shall select the drugs to be proven, and scrutinize the work done by the local Bureaux. This would do away with the present go-as-you-please manner of conducting provings and substitute a systematized and *effective* method. Then, and not till then, will the work amount to something.

A proving of

PISCIDIA ERYTHRINA

was presented by Geo. W. Winterburn, of New York. The Jamaica Dogwood has long been known to possess narcotic influence. In order to prove its physiological sphere, he took, on seven different occasions, from forty to one hundred and twenty minims of the fluid extract of the bark. The effects produced were thus summarized: It is a cerebro-spinal drug, expending its influence almost entirely on the nervous system. It causes at first increased activity of the cerebrum. This is shortly followed by a dazed feeling; the thoughts become confused; it is hard to recollect to take the next dose at the proper time,—forgetfulness merging into obliviousness. Pain in the medulla, with nervous trembling. Burning soreness in the eyes, with lachrymation and heat. The eyes look wild and staring and are in constant movement. Excoriation of the posterior nares, with sneezing and coryza. Painful aching in the temple, subsequently extending to right jaw. The throat excoriated, dry, and tickling, with constant eructations, and aching in the abdomen. It seemed to disturb the mucous surfaces of the entire digestive tract. Prickling at the root of the penis, with violent erections. Labored breathing (very characteristic) with pain. Tendency to opisthotonos, with aching in the spine. The effect on the spine was very strongly marked and extremely disagreeable.

Confirmatory experiments on warm and cold-blooded animals were detailed.

Piscidia differs from strychnia in possessing more influence on the cerebrum and less on the spinal cord. The action of opium and piscidia are similar but not identical. The former is much more apt to produce headache, nausea, and other disagreeable symptoms. In opium poisoning the eyes are contracted and excited; under piscidia they become dilated

and staring. Belladonna effects the system somewhat analogously to piscidia, but the former is much more violent in its effects. Belladonna antidotes *acute* poisoning by opium, but piscidia counteracts the evil effects of *long-continued* use of opium, as in the morphia habit.

Dr. H. M. Paine, of Albany, said:

ON DRUG PROVING.

It goes without saying, that the physiological effects of medicinal plants and substances can be fully ascertained only by concerted effort put forth by many observers. The provings of a drug voices, as it were, its capabilities for curing disease. Until these drug characteristics are accurately determined, and the results systematically and accurately tabulated, medical substances can be prescribed only empirically. It is comparatively an easy matter to prescribe for diseases by name, and to recommend the use of certain remedies, because we have heard that these substances have been previously found applicable in similar cases. Such routine treatment has little significance. To make such personal trials of drugs, involving sometimes intense physical suffering, requires a degree of disinterestedness which is, unfortunately rare. Here in northern New York we are laying the foundation of such a work, which, it is hoped, will show effective results.

Those who assist in drug-proving not only contribute to the common fund of therapeutic data, but are benefitted themselves, acquiring a more intimate knowledge of drug characteristics than can be obtained by years of practice without such personal experience.

Dr. Anna C. Howland, of Poughkeepsie, presented a brief proving of

BOLETUS (*Agaricus albus*).

It was taken by four persons, who experienced a peculiar contracted feeling in the head, as if a ring had been fastened around it, and was being tightened. Pulse diminished in

frequency, a symptom which was observed for some time after each dose. The only pathological condition indicated would appear to be that of venous congestion together with diminished action of the heart. The utility of *Boletus* in the treatment of headache with a slow pulse is endorsed by these fragmentary provings. In large doses it produces catharsis; in smaller doses it acts as an astringent. It also checks sweating and profuse bronchial expectoration; hence, has been of service in controlling some of the troublesome conditions attendant upon pulmonary consumption.

A long and valuable report on *Ammonium muriaticum*, by F. F. Laird, of Utica, was read by title.

A very elaborate proving of

BERBERIS AQUIFOLIUM,

was then read by Geo. W. Winterburn, of New York. This proving was made by eleven persons, five of them women, during 1879-80. The earlier provings were published in the *Homœopathic Times* for August, 1879. Of the eleven persons who took part in the proving, five took twice a day ten drops of the fluid extract, for two weeks, and then one drachm daily for a week. The other six took the drug on individual scales of increase, but practically to the same amount. Each of the experiments extended over about three months.

Its analogues are *Aurum*, *Berberis vulg.*, *Bryonia*, *Calcarea*, *Capsicum*, *Causticum*, *Drosera*, *Grindelia squar.*, *Hydrastis*, *Nux vomica*, *Oleander*, *Ruta*, and *Spongia*.

The following are some of the more prominent characteristics.

Mental Sphere.—Depression of spirits; nervous restlessness; disinclination to do any kind of mental or bodily work; drowsiness during the day. All this is like *Berberis vulgaris* but without the taciturnity, defective memory, or weariness of life. The condition is much less profound than that induced by *Aurum*. The apprehensiveness is much more im-

personal, and the restlessness less psychical. While resembling the *Bryonia toxicosis* there is less of irritability, obstinacy and passion. It is not unlike *Nux vomica* save that there is an entire absence of that peculiar over-sensitiveness so characteristic of this latter drug.

Head.—Various sensations were induced which were attributed to the biliousness caused by the drug. The headache resembled that of *Hydrastis*, but on reverse side (right). It was like that of *Bryonia* both in nature of pain, and aggravations.

Eyes.—Upon the eyes it has an especial action, producing a sensation like a film. They look weak, as if tired. This feeling of weakness persisted in one case for more than a month after the medicine was suspended. Like *Ruta* it affects the lower lid mainly, but it does not like *Ruta* set up spasmodic movement, nor lachrymation. The condition is less acute than that of *Grindelia*, and its nearest analogue is perhaps *Hydrastis*, minus the profuse, tenacious catarrhal discharge.

Nose.—The rhinal catarrh which it sets up has none of the offensiveness of *Calcarea*, burning pain of *Aurum*, nor violent sneezing of *Capsicum*; but it resembles *Capsicum* in the character of the discharge, *Aurum* in the feeling of obstruction while yet the air passes freely, and *Calcarea* in the nocturnal stuffiness alternating with fluent discharge during the day.

Mouth.—Here there was great similarity to the symptoms of *Bryonia*; bilious coating, blistered tongue, painful salivary glands.

Stomach.—The gastric symptoms almost paraphrase *Gratiola*. They do not indicate the acute gastralgia of *Sanguinaria* nor *Nux vomica*, nor the mucoid irritability of *Hydrastis*, yet both muscular and mucous coats of the stomach are involved, as evidenced by cramps on the one hand, and the abnormal hunger, eructations and nausea on the other.

Abdomen.—No direct sensations were felt in the liver, but the drug

evidently affects the whole glandular system, including the liver. Biliousness was a marked feature in all the provers, and two showed that peculiar waxy look like the beginning of jaundice. Upon the spleen it has a very positive action, causing an intense burning and a feeling as if it had been pounded. Both this and the alvine discharges resemble the toxicosis of *Ruta*. *Berberis vulgaris* has cramp-like contractions in the splenic region, but it does not seem to affect the spleen so profoundly as the variety now under discussion, which resembles more nearly *Arnica* and *Secale*, and more remotely *Ignatia*.

Stool.—All the provers had large, free, dark movements on beginning the medicine; one had hot, bilious diarrhœa. This was followed by light-colored, varnished, constipated stools. Subsequently the stool became soft and natural in quantity and color, but too large and expelled with difficulty. Later there were symptoms of paresis of the rectum. Thus we have the large-sized stool of *Bryonia*, the difficult expulsion of a soft stool of *Causticum*, the uneasy feeling without stool of *Nux vomica*, and the prolapsing rectum of *Podophyllum*.

Urinary Organs.—No very definite action.

Generative Organs.—The effects on the generative system were not marked, except a peculiar bubbling of wind from the vagina and unusual sexual desire. This is like *Sanguinaria*, *Nux vomica*, and *Lac caninum*.

Chest.—Peculiar weak feeling in the chest. Symptom as of a cold. Voice rough and hoarse. Expectoration yellow, afterwards greenish. Voice sounds muffled. About the fourth week there developed a most interesting phenomenon. The peculiar lack of *timbre* in the voice; the oppression and weakness of the upper portions of the chest; the dry, irritative cough; the scanty, tenacious, blood-streaked expectoration; the pinched expression of the face; the

previous gastric disturbance and the present languor and debility; the accelerated pulse and heightened temperature gave a startlingly vivid picture of phthisis pulmonalis.

Extremities.—When the parts were perfectly still they were free from pain, though sometimes there was a feeling of numbness, and a sense as if there was not strength of will to lift the part. On movement there were cramps, trembling and uncertainty of motion and pain. The latter was sometimes severe, and resembled that following a heavy blow. The condition simulated both rheumatism and paralysis. There is a form of paralysis arising from exposure to damp cold, which includes numbness, immobility and pain. One prover noticed a peculiar pricking, like electricity, on the back of the hand and outside of the forearm. This lasted only momentarily, but it returned frequently, and seemed to be independent of occupation, position, or time of day.

Fever.—Pulse raised fifteen to twenty beats.

General Symptoms.—Weak and depressed; feels very tired without cause; weak and tired in the morning, wants to go back to bed, better after exercise; griping pain down the whole right side; rheumatic pains over the whole body, making one keep very still; pains in the bones.

The report of the Bureau of Clinical Medicine was presented by C. E. Gorham, of Albany. The first paper read was a history of twelve cases of

SIMULATED DISEASES IN CONNECTION WITH SPINAL IRRITATION,

by M. O. Terry, of Utica.

After quoting from Hammond in regard to the treatment of spinal irritation, and from Geo. M. Beard as to the symptoms of this disorder, and Rudolph Arndt's aphorism that "there is no such thing as functional derangement without organic change," and from other authorities, especially detailing the use of actual cautery

(H. B. Millard, Thermo-Cautery in Disease), and maintaining that the "torture" of the cautery is nearly purely imaginary, he says: "In my employment of Paquelin's thermo-cautery I have generally repeated the applications at intervals of seven or fourteen days. Patients when subject to headaches are the soonest to be relieved. My indications for discontinuing treatment have been: (1) Relief of spinal sensitiveness, (2) Prostration and slight aggravation of symptoms. In the latter case the application should be made very lightly and not repeated as frequently as when marked improvement follows:

Case I.—Lady, aged 28, suffered from loss of appetite, very frequent headaches, constipation, dysmenorrhœa, and pain in the back. This train of symptoms had lasted seven years. The spine was very sensitive to pressure, which caused nausea. Three applications of the thermo-cautery produced a permanent relief from all the symptoms.

Case II.—Lady, aged 24, has suffered from pain in the back for six years. The spine through its entire length is extremely sensitive to pressure. Six treatments made an entire cure.

Case III.—Lady, aged 45, pain in the spine for two years, pressure on the spine almost intolerable; severe cystitis; enuresis, and pains in the legs. Nine applications cured.

Case IV.—Lady, aged 22, has suffered from coxalgia and ovaritis for a long time. Parts extremely sensitive to pressure. Twenty-eight applications cured.

Case V.—Man, aged 30, has suffered for four years with severe pain over the head of the femur, the result of strain. Extreme pain on pressure. Four applications completely relieved him.

Case VI.—Lady, aged 40, spinal irritation and sciatica, very sensitive to pressure. Twenty applications, in the course of two years, cured.

The other six cases were of similar import, and showed like results.

The next paper was by John N. Tilden, of Peekskill, on

LIME JUICE AND PEPSIN VS. LIME-WATER IN INFANTILE INDIGESTION.

Indigestion in young children is a disease very hard to cure, and almost as common as it is persistent. Nearly all children have it before they are three years old; and many die from its effects. It is often neglected in its earlier stages both from negligence and ignorance. Every departure from normal should be carefully attended to. For this condition the almost universal remedy is lime-water. In fact so commonly is lime-water used, that this might almost be called the age of *aqua calis*. This unreasoning use of lime-water is most pernicious. In common parlance it "sweetens the child's stomach," but this is true in only a limited number of cases. The digestive principle of the stomach cannot act save in the presence of free acid. This is best supplied by a combination of lime juice and pepsin. Various cases were cited showing the value of this treatment. The dose recommended was a grain of pepsin in twenty minims of lime juice, four times a day.

Dr. A. Wilson Dods, of Silver Creek, presented a paper on the differential diagnosis of membranous croup and diphtheria. The doctor's conclusion, was that they differ.

Under the title of

SOME OBSERVATIONS ON ERYSIPELAS AND CARBUNCLE.

Dr. Oran W. Smith presented an interesting account of an epidemic of erysipelas which became merged into one of carbuncle; both diseases appearing in the same persons and involving the same parts. Each disease seemed to run an uncomplicated course, each unaffected by the other. The usual remedies were used apparently with good results.

In studying these diseases pathologically the query arises, are they not closely related? Many points of

similarity are found. The same class of persons are attacked by each disease; generally those who are debilitated or somewhat broken down by age, infirmities, or unhealthy modes of living. The premonitory symptoms are very similar. The local subjective symptoms are alike—the aching, burning, smarting, throbbing, etc.—and pathologically the same tissues are involved in the morbid process, although not to the same extent in each disease. In simple erysipelas the inflammation is more diffuse and superficial, and usually but slightly involves the subcutaneous tissues; while in carbuncle the inflammation is concentrated and dips deep into the cellular tissue. Moreover the later pathologists claim that both diseases are contagious, and depend upon a specific poison for their propagation.

DR. GORHAM, of Albany, spoke of the value of *Tarantula cubensis* in the treatment of carbuncle. This was confirmed by Prof. Burdick, who spoke of several cases.

The society now took a recess for supper.

Evening Session.

The Society convened at 7:30.

The first paper of the evening was

THE EVOLUTION OF TRUE MEDICINE AND THE UNITY OF MEDICINE,

by Dr. W. M. Decker, of Kingston.

Disease is nearly as old as the human race, and the art of healing is also old, but vastly less so; being preceded by religion, and retarded by it. In pre-medical times the prevailing opinion was that disease was caused by demons, and these religion offered to dispel; thus postponing medical art for centuries. False medicine, or the magical art, was the first attempt at curing by means of potions and elixirs, and extended over an indefinite period. False medicine has been alive in some nations, while dead in others, or unknown; and it has run an irregular course in the same people. Relics of superstitious, false and antiquated

practice are still in vogue among the ignorant. To this age belong also a class of weird, bleared, wrinkled, grizzled and fiendish old women, who were variously designated as the "wise women," "medicine mixers," "broth makers" and "poison distillers." A modern type of this sort of woman was Lydia Pinkham. We append a clipping from the *New York Times*, of May 19, 1883. It needs no comment. It will speak for itself. "Lydia Pinkham, the well-known patent medicine proprietor, died at Lynn last night, at the age of sixty-four. *She began by manufacturing medicine in a tea-kettle*, and in a few years built up a business of \$300,000 a year." These "wise women" boiled in their kettles all sorts of strange mixtures, and the more mysterious the composition the more efficacious the result. But not only these things but poetry and music, amulets and incantations, have been used to charm away disease. In the "Last Days of Pompeii," Bulwer gives a vivid description of one of these women. The witch says: "My trade is to give hope to the hopeless; for the crossed in love I have filters; for the avaricious, promises of treasure; for the malicious, potions of revenge; for the happy and the good, I have only what life has—curses!"

The authentic age of medicine began with Hippocrates (460 B. C.) His humoral theory flourished almost unopposed for twenty centuries, and is still in vogue, as a tradition at least. We may lay at the door of this crude and mischievous theory all the blood and thunder, puke, physic and bile of the old school. The blood and mucus and bile which have been made to run from poor mortals for twenty centuries, if collected, would make a second deluge, and drown out all the world. The people have heard so much about their livers, and have been made to throw off so much bile, that they now instinctively believe that they manufacture bile to throw away. To announce to a patient that he is bilious is the safest diagnosis that one can make, for nine hundred

and ninety-nine out of a thousand will accept it without a demi-semi-quaver of a doubt. They ask no questions, their heart is at ease, they are firm believers in their livers! For this bilious age, with its sorrowing thousands of bilious minds, you may thank, or rather damn, the doctors and the "humoral theory."

Passing over the intervening centuries we come to Homœopathy, which is the latest step in the natural evolution of medicine, but it does not supercede in all diseases the older systems. All methods are equally true, but vary in their degrees of usefulness. When rightly understood they will not conflict, for in the very nature of things truth cannot war with truth. As an illustration of this thought, Homœopathy represents the sense of sight, and Allopathy is the tasting and the feeling. But Allopathy suffers without eyes (Homœopathy), and Homœopathy is often duped for lack of taste (Allopathy). Take another illustration of the same thought—white light is composed of many colors (methods), and those colors are complementary. When Allopathy and Homœopathy naturally mingle, we have the true light, the white light in medicine.

At the conclusion of this paper

HYPERICUM IN TRAUMATISM,

was next discussed by Geo. W. Winterburn, of New York. St. John's Wort has very aptly been called the arnica of the nerves; nor is its use in this particular a recent one, as was shown by reference to Dioscorides and other ancient writers. This remedy was proven by Constantine Hering, when marked disturbance of the nervous system, approaching meningitis, was developed. Five cases were cited as cured by Hypericum. (1) A crushed foot, toes almost severed from the foot, great nervous depression and coldness; Hypericum lotion (1-20), and Hypericum⁶, relieved pain in a few hours and he returned to his work in one week. (2.) A lady fell out of a hammock, fol-

lowed by great pain in spine, increasing until fifth day, when Hypericum¹⁵ was given, which cured completely in three days. (3) A man fell backward striking end of spine on curb-stone. Intense pain in both legs, followed by paralysis of legs and sphincters; Hypericum¹⁵ cured in three days. (4) A young lady suffering from shock from fright, pulse 54, respiration 15, temperature 96°, speech thick, skin clammy. Brandy, ammonia, and camphor did not relieve. Hypericum⁶ given every ten minutes. In one hour, pulse 60, respiration 17, temperature 97.2°. Next day quite well. No after symptoms. (5) Boy, aged seven, traumatic meningitis, from falling off a shed. Delirious, pulse 140, temperature 104.5°. Hypericum⁶ hourly. Next day, temperature 102, with corresponding relief of other symptoms. On the fourth day, nicely convalescent. These five cases show that Hypericum may be used advantageously in nervous disorders arising from falls and hurts of various kinds, and sustains its reputation as an analogue to Arnica and Celandine.

At 8:30 the President delivered his Annual Address; a dignified assertion of

THE POSITION WE MAINTAIN.

Are we as physicians and as a Society justified in maintaining positions which distinguish us from others who do not recognize the formula *Similia Similibus Curantur* as the main guide for the administration of medicine?

Similia Similibus Curantur probably specifies the only known scientific method of administering drugs for the cure of disease which has a specific law as a basis. This statement is thus qualified because of the known fact that while a very large majority of those who make use of the formula in practice affirm that it is the expression of an unvarying law, others equally skilful, assert their belief that such may be a fact, but that is unproved. Other methods of therapeutics exist and are entitled to a

place in our efforts to cure or alleviate disease. I do not concede that the physician, claiming to be a practitioner under the law of *Similia*, is renegade to his avowed principle, because he brings to his aid a knowledge of chemistry, hygiene, sanitation, mechanics or whatever else his best judgment may dictate as demanded for the welfare of the sick ; provided he makes an honest endeavor to apply the principle of *similia* in the sphere to which it is applicable. It is the physician's duty to know when and where to use the proper therapeutical measure.

The earnest desire of the physician to acquit himself creditably in restoring his patient to health will dictate to him to use the smallest quantity of medicine that will most speedily and effectually remove the evidences of digression from the normal condition.

To secure medicines which are suitable to curatively meet disease in its various phases, together with the peculiar idiosyncrasies of individuals, made necessary the scheme of attenuations of which we make use. Hahnemann bequeathed rules to us for their manufacture. His methods are as satisfactory to-day as when he gave them. We will only ask that he who practices in accordance with the principle of *similia* will prepare his remedies as did Hahnemann, and in return grant him the greatest latitude in the selection of the dose to be used, hoping that the wisdom of the choice will be evident by an effectual quality of result.

All that shall be demanded at this time to constitute the physician under the formula of *Similia Similibus Curantur*, is an honest recognition of the applicability of drugs to diseased conditions similar to the effects which the selected drug produces in healthy persons. In other words, he who, at the bedside of the sick, learns from subjective and objective symptoms which organs are affected, and to what extent and in what manner the system had undergone change ; and,

for the cure or relief of his patient, administers the drug which produces similar symptoms or conditions, with the best knowledge or judgment he can bring to bear as to adaptability of drugs, and quantity and attenuation of dose, is not only wise, but is guided by the fundamental principle of which we speak.

In 1810 the first edition of Hahnemann's *Organon* was published, the leading doctrine of which was the principle of *Similia Similibus Curantur*. This principle we, by virtue of our acceptance, are to-day the custodians. Hahnemann not only elucidated the rule of *Similia*, and demonstrated its correctness, but also presented evidences that the principle of its application was scientific. One of these was presented in 1830, when the Asiatic Cholera appeared in England, after ravaging Russia, through which it had passed in its course from India. The disease was new and before that time, unheard of in Europe. The treatment it had received from the hands of the physicians was most contradictory and incongruous, and to a very great extent powerless for good. The reason for this was evident, no law of the application of remedies governed them. The physicians in explaining their lack of success pleaded that the disease was new to them, yet Hahnemann, without having seen a case of Cholera, compared the published symptoms of the disease with the recorded symptoms of drugs proved by himself and followers, and announced the drugs which should be curative for the disease then epidemic, under the principle of *Similia*. Upon trial his assertions were found true, as was shown by statistics of the cases subsequently treated. This governing principle in medicine, which he so effectually demonstrated, remains unchanged. Whatever difference of opinion has occurred among those who have accepted it as a rule of practice, has related to the details of practice, and not to the value of the principle itself.

Similia Similibus Curantur is the bed-rock of all that emanated from Hahnemann, and is found planted in nearly every country of the world. Year by year it has gathered to itself new advocates and adherents, until to-day its practitioners are numbered by thousands, and their patrons by millions. Upon it has been established Hospitals, Dispensaries and Asylums, each one of which, by comparison, has demonstrated a decidedly larger proportion of curative work than its neighbor of equivalent surroundings and methods, minus the principle of *similia*. It was the application of this principle that brought such surprising results of treatment in the late epidemic of Yellow Fever, when, of all cases upon which report could be secured, a mortality of less than five and one-half per cent was shown. Reports from esteemed colleagues in this society, the physicians of the Asylum at Middletown, have also shown a significantly greater proportion of recoveries there than in other institutions for the insane. It cannot be that differences of result, which are so marked, could be ascribed to greater care regarding diet, hygiene and other necessary accompaniments of practice, for we are not willing to believe that those, who differ from us as to therapeutics, are wanting in knowledge of, and benefits derived from, these essentials; and we would not place upon them an opprobrium, by suggesting that they may be careless in the application of such efficient aids in the treatment of the sick. Nothing then remains to account for the oft attested superiority of results secured by the use of remedies applied according to the principle of Hahnemann, except the superiority of this method over other known methods. There always have been those who would assert that we have not been honest in our practice; did not practice that which we have preached. In rebuttal, we can present the large number of volumes of clinical evidences which have accu-

mulated, and let them be examined for fraud, believing that such an examination will demonstrate a depth and scope of honest work almost unrivaled.

During the first six decades that the principle of *similia* was acknowledged and practiced, its practitioners were those who were graduated by colleges that were noted in one particular at least *i. e.* an absence of instruction in the doctrine of Hahnemann. Many of those graduates were led to examine and study it for purposes of refutation. Instead of proving its falsity, they became convinced of its truth and utility, and entered upon an honest and joyous practice of that which they sought to overthrow. It has been my privilege to have the acquaintance of many physicians, who, after a more or less extended experience in the methods of practice in the older school, have adopted as their guide the principle of *similia*, and in almost every instance have they become most strict and staunch adherents of it, and usually of the other tenets of Hahnemann as well. We have many such as members of this society, and I have no doubt your experience will corroborate my own in regard to others. I am also reminded of how many times greater in number are those from the older school who in sincerity of heart and honesty of purpose have adopted *similia*, than are those, who, having been known as "homœopathists" have, for reasons best known to themselves, repudiated the principle they once advocated. The latter can almost be counted on the tips of your fingers, and it tries one's credulity to believe, that, if they did ever truly know the beneficence of our practice, it were possible indeed for their "hand to forget its cunning," when the appeals of the sick are presented to them. We have recognized the right of all to use *similia* in its proper sphere, but such as these have revoked their license and denounced the method without justification for their conduct. Yet,

without their aid, *similia* every day adds fresh laurels to the ever green and blessed memory of Hahnemann.

Let us now look at the action of the Medical Society of this State in repealing the Code of Ethics relative to consultations, and for which it has received all manner of encomiums. Praise is due it for righting a wrong which should never have existed, yet there seems to be but slight evidence of a desire on the part of those participating in the movement to recognize the truth of *similia*. The action of the society gives no expression that in its opinion the principle is any more correct to-day than it was when the code now repealed was written. Those who voted in the society to repeal the code are physicians mainly resident in the counties of the State in which large cities and villages are located, and that the action had in it no spirit of true liberality was shown by a unanimous vote of the members present at a meeting of the New York County Society, whose delegates made a large proportion of those who voted for the repeal. The society in May last adopted the following amendments to its by-laws :

1st. "The members of this society shall be governed by the Code of Ethics adopted by the Medical Society of the State of New York, February 6, 1882.

2d. No person shall be eligible for membership in this society who is a member of a county society not entitled to representation in the Medical Society of the State of New York."

This latter amendment shows the animus of the whole transaction. Those who adopted it know full well that a large majority of those who practice under the principle of *similia* do not claim it as an exclusive method of practice, but as the best and most scientific guide in practice, and that they are members of societies designated by the name of the method in medicine of which they make most frequent use. Such societies were originally organized because of

the illiberal and sectarian position taken by those who did not recognize the principle of *similia*, and, of course, are "not entitled to representation in the Medical Society of the State of New York." While by the adoption of these amendments the society expresses a willingness for its members to meet in consultation members of our societies, yet it remains unwilling to open wide the entrance to its organization ; thus revealing what seems to be the "true inwardness" of the action taken, and virtually asks such of us as may desire to seek knowledge wherever it may be found, to withdraw from all organizations which propagate the very truth above all others in medicine we believe to offer the greatest safety and benefit to humanity. Instead of being a liberal movement, it seems in reality to be an attempt at coercion, the ultimate object of which is the destruction of this and other similar societies.

It does not give to those who have hitherto been bound by the code any larger opportunities to learn of the principle of *similia* than have before existed. Nor, on the other hand, does it grant to us any special advantages. It has been seen that the practitioners of *similia* were early and always forced to positions of defence and protection by the spirit of exclusiveness which has prevailed among their opponents. The doors of medical colleges have been closed against students from offices of known practitioners of *similia*, who also, because of their belief and practice, were either expelled or asked to resign from medical societies. These were the incentives which compelled the organization of our so-called sectarian societies, and the establishment of colleges in which are taught all branches of the art, as taught by other medical colleges, together with the ever free but long rejected doctrines of drug provings upon the healthy person, and the application of drugs to disease upon the principle of *similia*. In these societies and col-

leges an immense amount of labor which has not yet received a just recognition beyond the confines of our peculiar people has been performed. We have thus seen that had the principle of similia been accepted in its infancy by the general profession, and given a proper place in the manual of medical methods, no spirit of sectarianism would have ever been developed. But since this justice was not accorded it, what else could they do, who recognized the genius of Hahnemann in the promulgation of a formula which has every day of its existence covered itself with renown, but be true to their convictions, and press on to that day when the principle shall have its perfect reward? Hence, we declare that in the spirit of liberalism in medicine, which some claim has arisen, can be seen very little that tends to offer the memory of Hahnemann a merited homage, or to us a just recognition of the labor that has been performed in the departments of *Materia Medica* and therapeutics, with assistance in an open and candid manner to still more develop the principle which has already proved so essential to the welfare of humanity. If this be true, how then can we, the custodians by acceptance and inheritance, so easily as is demanded of us remove all that makes us distinctive bodies or individuals? The time has not yet come for us so to do. For years the Code of Ethics of the American Institute, which is also that of this society, has proclaimed the spirit of liberality that governs us. The principle in medicine which we believe to be true has been as now free for the acceptance of all who would receive it. Being thus free, its believers solicit and welcome an examination of its merits or demerits, and demand an open and honest scrutiny into it, and all that is claimed for it, and expect, as each investigator may be convinced of its utility, that he shall proclaim his belief therein. If progressive medicine means this, then are we satisfied, for then shall justice have at-

tained its sway, and the medical profession have taken a step toward that final acknowledgement which we believe must obtain, proclaiming *Similia Similibus Curantur* over and above all other medical methods, the one which most speedily, effectually and scientifically cures the sick of all the world. Until such general acknowledgement shall have been secured we are justified in maintaining a name and position in keeping with the truth we have espoused. Not for mercenary motives nor professional aggrandisement, but to still further propagate the beneficent method, and to ever stand ready to welcome and assist searchers after the truths we hold dear; because in doing so we believe we are honoring Hahnemann as he should always be honored, and doing the greatest possible good to suffering humanity; which last reason must stand high above every other. In that great day of acknowledgement the principle of our societies will be the leading one of all organizations. Medical colleges will be open to all and medical science taught in its entirety. Then, and not until then, will we be justified in relinquishing our distinguishing name; and then only, because a necessity for it will no longer exist. Then will the names of Hahnemann and of the principle of *Similia Similibus Curantur* be found among the brightest stars in the crown of medical science.

At the conclusion of the President's Address, of which the above gives but an imperfect idea, the Society, on motion of Prof. Houghton, by a unanimous vote, expressed its hearty concordance with the views advanced and the manly position maintained by the speaker.

Prof. Henry C. Houghton moved that we proceed to hear reports of Bureaux. Carried. Bureau of Pædology, Chas. R. Sumner, of Rochester, absent and non-reporting.

Dr. Covert, of Geneva, chairman of the Bureau of Otology, called upon Prof. Houghton, of New York, to read his paper entitled

TEETH VS. EARS.

The relation existing between the teeth and the ears in early life has been recognized as explaining, not only a transient otalgia, but it is admitted by the best observers, that reflex irritation of the tympanic fibres, if long continued, will cause trophic changes, to the extent of active congestion. Later, effusion may take place, and suppuration be a final result. It is a fact of which all aural surgeons become painfully aware, that improper care of the teeth cause many ear troubles. Early removal is bad, owing to the intimate connection between the roots of the temporary and the pulp of the permanent teeth. By the use of inexpensive temporary fillings the crown of the tooth may be kept from decaying, and thus reflex irritation of the nerves of the tympanum avoided.

In the adult the irritation of the dental nerves does not cause trophic changes sufficient to produce suppuration, save in exceptional cases.

A number of interesting and peculiar cases were detailed where patients suffered severely from aural disorders, which were subsequently quickly removed by proper attention to the teeth. We have space for only one.

Miss E. A. S., age 21, constant pain in right ear, extending to temporal region and cheek. On Oct. 6 she received Magnesia phos.

Oct. 10. No relief. An examination of the teeth showed the crowns of several molars loaded with amalgam fillings overlapping the proximate teeth and giving rise to dental irritation.

Oct. 13. I sent the patient to a gentleman who has made the study of the relation existing between the teeth and the ears a matter of close attention. He removed the mixed fillings, and replaced them by gold. All irritation ceased.

Oct. 22. All right.

The trouble began in the latter part of July. Thinking the pain was due to the teeth, she visited a dentist who

thought the irruption of a wisdom tooth imminent. At a second visit he was not clear as to the cause, so she went to the family physician who decided that it was a case of neuralgia. The pain was excruciating, and continued right along, unaffected by all the remedial agents used. Nothing did any good. An aurist was visited, who thought the trouble due to closure of the eustachian tube. He tried inflating the tympanum; this proved ineffectual. Three months thus passed in intolerable pain.

Dr. N. B. Covert, of Geneva, reported a very interesting case of

MASTOID DISEASE.

This patient took a severe cold which resulted in an acute inflammation of the left middle ear, followed by suppuration. Three months later when she came under my care, the swelling over the mastoid process was quite prominent, and she was unable to turn her head. Sharp pain on all that side of head. No discharge from ear. Great difficulty in swallowing food; diplopia; facial paralysis. Pulse 110. Temperature 103°.

On making an incision over the swollen mastoid, a thick, creamy pus was extruded. Next day the discharge was reëstablished from auditory canal. Belladonna, Hepar and Calcareo phos, were given, as seemed indicated, and Boracic acid used locally.

Two weeks later an opening was drilled through the bone into the tympanic cavity, and this cavity washed out, the fluid returning by the auditory canal. Various antiseptic washes were used, and the patient was better and worse, as the discharge was free and scant, for several months. Her symptoms did not vary much until September, when blood-poisoning became evident. An abscess formed in the left lung and general prostration, and finally death closed the scene.

In the discussion that followed, Prof. Houghton spoke of the great value of Calendula and Boracic acid, and of Plantago and Boracic acid in

suppurative inflammation of the middle ear. He stated that in both acute and chronic inflammations of the mucous membrane of the middle ear, the following preparation was of great usefulness: Tincture of Plantago, glycerine and water in equal proportion. He had also seen dry catarrh benefited by the local use of Plantago.

Dr. Burdick spoke of the local use of Fluoric acid (five minims to the pint) in suppurative inflammations.

Second Day.

The session opened with the report of the Bureau of Mental and Nervous Diseases. First came Dr. W. M. Butler, of Brooklyn, on Masked Epilepsy. Then Dr. Brown, of Birmingham, read a paper on the

PREVENTION OF NERVOUS DISEASES.

The material of which we are composed, and the causes of thought, have so much more to do with our ease and comfort, than theory, we propose to advance a few practical ideas on prevention.

On this planet the best climate has the most to do with health of body and mind.

Temperature of body is the basis of growth, prevention and ease.

The fitness of brain and nerve tissue for correct impressions, and in memory using them, depends upon a uniform temperature.

Overheating of the brain substance by sun-stroke has produced some of the incurable forms of nervous disease.

The extremes of heat or cold are best avoided in a temperate climate, where the healthiest and most intellectual persons are found. The tested laws of physiology form the best guide to the physician who desires to depend upon knowledge instead of theory in preventing disease.

Involution, which means repair of forms, and evolution, which means decay and destruction of form, is constantly taking place with every individual in both health and disease.

The forms of material, *and there are no others*, with bodily temperature, fully controls our individual involution and evolution.

Size and function of organic structure in the body are dependent upon elemental forms of matter and temperature.

Whatever over-distends the smaller blood vessels, disturbing the natural and needful repair of the wasted nerve tissue, consequently the thoughts as brain-motions, become objectively and subjectively mixed.

When nerve tissue is so changed to allow objective and subjective thought-motions to be indistinguishable, then the individual is insane in a like degree. This condition does not exist where the nerve tissue and blood have perfect constructive relations.

Just here is where the physical, the elements of which we are made up, positively control and determine our thought manifestations. Hence the possibility of preventing the diseases we name as nervous.

When we control the temperature motions and combinations of the elemental forms necessary to our existence, then we prevent disorganization of nerve tissue and the material and only causes of morbid brain and nerve motions.

Air, food, drink, exercise, rest, sleep, cleanliness of person, occupation, success in business, all have influence in preventing nervous diseases.

The different organs of the body are kept in physical form and use by the kind and quality of material united under motion and temperature.

Motion and rest of the organic structures of the body must be timed and regulated, or anæmia or hypotrophy will be the result, and nervous disease the consequence.

In special ways each individual has a daily tendency toward disease or health according to the timely combination or separation of the material absolutely necessary to organic existence.

Individually, we are preventing or producing disease in ourselves accord-

ing to our obedience or disobedience of known laws of physiology.

Our daily failure to obey the unmistakable laws of bodily existence, bring the many diseases we call nervous.

Poisons, in the form of stimulants, drugs and unnatural food and drink, are among the forms of matter producing nervous diseases. The most useful thought we have of drugs and stimulants, aside from their curative effects so well known, is that they help to kill the idiots and fools, that the good and the fittest may "live long and be happier."

In this just idea comes the fact of prevention of disease, as the result of observation and experience.

Prevention is the work of the knowing and wise.

Its absence is the evidence of ignorance and folly.

Physicians who are doing the most to prevent nervous diseases, are lessening the number of fools and driving out quackery faster than the *best legislation*.

Education and industry combined prevents what ignorance and idleness produces.

As physicians, our love of humanity is best manifested by our successful efforts to prevent all mental and nervous disease.

Eight hours sleep in pure air, eight hours labor in pure air, and eight hours recreation and pleasure in pure air, with two meals of natural food, daily continued, will do more to prevent mental and nervous disease than all other means known to the profession.

When physicians prevent their own nervous and mental diseases, then their most intellectual patients will "live long and prosper" by following their example.

The report of the Bureau of Ophthalmology was presented by Dr. Park Lewis, of Buffalo. A very elaborate paper on

THE USE OF PRISMS

was read by Dr. John L. Moffat, of

Brooklyn. There are three general purposes for which prisms are used in treating eye troubles: (1) Testing, (2) palliation, (3) curative.

They are used as a test most frequently in muscular asthenopia, particularly of the internal recti. The letters dance and run together after reading a little while, this is diagnostic of muscular as contrasted with accommodative asthenopia, where the letters merely blur. The best test for muscular asthenopia is to measure by prisms the suspected muscle. In the normal eye the strength of the internal rectus is about 25° , externus, 7° , recti superior or inferior, 1° or 2° . After fitting the patient with glasses to correct his hypermetropia or myopia, have him look at the flame of a candle about ten feet distant, then ascertain the number of the strongest prisms, held in the direction of the muscle tested, with which he can maintain single vision. This is the strength of that muscle expressed in degrees. Two errors are to be guarded against; (1) the patient may not be able to see the flame distinctly with one or the other eye, or, (2) owing to the strength of the prisms the two images may appear so far apart that one may escape attention. Prisms are also used in testing for binocular vision.

Prisms are used as palliatives in cases of incurable diplopia where a tumor involves the muscles or pushes the eye out of position.

When there is troublesome diplopia due to muscular weakness, much good can often be done by carefully fitting prisms so as to relieve most of the strain on the weak muscles, but to leave them still so much work to do as to give them exercise not beyond their strength.

Most cases, however, of so-called muscular insufficiency are really a derangement of the relation between the ciliary and recti muscles, rather than an absolute weakness of one of the recti.

After diphtheria, measles, or prolonged exhausting sickness the recti

muscles are often quite weak ; in which case much benefit will accrue from gentle gymnastics by use of prisms of gradually increasing powers. The writer stated that by this means alone he had cured marginal blepharitis, as well as 'weak eyes.'

Dr. A. B. Norton, of New York, reported a case of descemetitis.

Dr. W. C. Latimer, of New York, reported a case of

TRAUMATIC STRABISMUS CURED BY FRIGHT.

A little girl, four years old, fell down some cellar stairs, and received a scalp wound over right parietal eminence. Did not see her till two days after ; then too late to put in sutures. Applied calendula compress, and gave arnica. The wound healed slowly.

About a week after the wound was healed strabismus of the left eye was noticed. The eye stood at an angle of 45°. About a month later her sisters, who had been sent to Brooklyn by the mother, thought on their return to surprise her, so instead of entering by the side door as was their custom, they rapped at the front door. They made so much noise it frightened the child, who was playing on the floor ; she jumped up screaming and ran to her mother. Here the mystery of the case occurred, her eye in an instant resumed its natural position, and has remained so up to this time, now nearly three months. What caused the strabismus ! Was there an effusion ? What caused the cure ? No medicine had been taken for six weeks previously.

Dr. Chas. G. Davis, of New York, reported a case of crescentic ulcer of the cornea. In the discussion which followed Dr. Park Lewis, of Buffalo, spoke of the great value of Peroxide of Hydrogen (50 per cent.) in ulceration of the cornea, in canchroid and in phagedenic ulcers generally. Prof. Burdick, of New York, also spoke of its value.

At 11 o'clock the special order of business was the election of officers,

viz.: President, E. S. Coburn, of Troy ; Vice-Presidents, Houghton, of New York, Dayfoot, of Rochester, and Hollett, of Havana ; Recording Secretary, John L. Moffat, of Brooklyn ; Treasurer, H. L. Waldo, of West Troy ; Censors, *Northern District*—W. T. Laird, D. E. Southwick, A. W. Holden ; *Southern District*—S. P. Burdick, Henry Minton, F. E. Doughty ; *Middle District*—N. B. Covert, M. O. Terry, W. E. Milbank ; *Western District*—T. D. Spencer, Park Lewis, Asa S. Couch ; Chairmen of Bureaux ; *Surgery*, Milbank, of Albany ; *Obstetrics*, Dayfoot, of Rochester ; *Clinical Medicine*, Decker, of Kingston ; *Materia Medica*, Laird, of Utica ; *Mental and Nervous Diseases*, Armstrong, of Binghamton ; *Gynecology*, Brown, of Binghamton ; *Laryngology*, Dillow, of New York ; *Ophthalmology*, Norton, of New York ; *Otology*, Sterling, of New York ; *Pædology*, Goeway, of Albany ; *Climatology*, Groom, of Horseheads ; *Histology*, Moffat, of New York ; *Vital Statistics*, Delavan, of Albany.

Dr. Houghton nominated for the Regent's Degree, Prof. T. F. Allen, of New York. Referred.

The committee having reported favorably on the names of Prof. S. P. Burdick and Prof. T. F. Allen for the Regent's Degree, they were unanimously elected.

Dr. S. H. Talcott was elected Chairman of the Committee on Legislation.

On ballot, the choice being between Binghamton, Syracuse and Richfield Springs, the Society decided to hold its semi-annual meeting at the former place, on the second Tuesday in September.

The Bureau of Climatology reported Papers by Dr. H. M. Paine on Prevalence and Causes of Pneumonia, and Dr. H. J. Demarest, on The Relation of Germs to the Diseases of the Future, were read by title.

Prof. Burdick presented the report of the Bureau of Obstetrics. This

consisted of a Paper by Dr. Anna C. Howland, of Poughkeepsie, entitled, Two Cases of Retained Placenta ; A Case of Preternatural Labor, by W. W. French, of Ballston Spa, and some very interesting and anomalous cases of

POST NATAL DEVELOPMENT OF THE VULVA,

by our eminent colleague, Dr. Robert C. Moffat of Brooklyn.

Two cases have fallen under my care in thirty years : and I am credibly cognizant of three others. In both my cases, the development took place when the children were about four months old, and a description of the one is fair for the other, so much were they alike at the stage in which they were submitted to me for inspection.

The normal formation of the generative organs, according to both QUAIN and DUNCAN, takes place in the period from the fifth to the fourteenth week from conception ; and is, in brief, as follows :

The anal and genito-urinary organs have one common cloacal aperture at the fifth to the seventh week. About the tenth, a band, projecting from the lateral portions, constitutes the perineum, and makes the anus. From the rudimentary clitoris, (penis in the male, the labia majora project laterally and posteriorly ; and within these, later, the nymphæ are formed. About the fifth month the hymen is seen, and then the urethral and vaginal apertures are distinct. Authorities make no mention of a raphé when speaking of the female organs.

CASE I.—In 1852 the mother of a well developed and healthy child about 2 months old, sought my advice, because her "Josie was not right."

The baby was placed on her back, and the thighs strongly flexed, thus exposing the parts perfectly. There was seen and felt the following :

1. The *mons veneris*, with extensions downwards and backwards, plainly the rudiments of the *labia ma-*

jora. They were soon lost in the smooth surface.

2. In the region of the vestibulum, just below the angle formed by the labia, was a round aperture, the orifice of the urethra, the white skin extending to its border all round.

3. A raphé, well defined, extended straight back, on the mesial plane, to the anus.

This was *all*. There were no nymphæ, no vulva. The hand passed smoothly from one thigh to the other, encountering nothing but the raphé. The parts were symmetrical.

Such a condition was entirely new to me, and I consulted DOCTOR ROBERT ROSMAN, of Brooklyn. His counsel was, "Let it alone. Time will bring it all right" ;—and told me, but without any particulars, that he had had just such a case, and had profited by waiting.

This counsel was enjoined on the mother, and observed for, say six weeks ; when she came to me with the announcement that "Josie was coming right !"

The dorsal position being taken again, the following appeared :—

1. The labia majora were fully formed, and extended towards the perineum. General contour normal.

2. Parting the labia, the orifice of the urethra had receded to the floor of the vestibulum, which was red, and covered with mucous membrane. Below, the opening to the vagina was only partly visible, because the posterior half of the vulva had not yet opened. The labia were in process of separating at a sharp angle, and were held by a transparent glairy membrane, stiffer than white of egg. This membrane was not broken, though stretched, because of a redness where it joined the skin, and suggested a denuded surface. Later, this was thought to be the vermilion border of the mucous membrane. No nymphæ were discerned. The line of opening was the raphé, which still extended to the anus. No later examination was held. A few years since this person married, sustained

a miscarriage at an early stage of pregnancy, and suffered severely in her first confinement at term.

CASE II.—A second child, born February 1882. When five months old my attention was called to the "Malformation of the baby." Though more spare than the preceding one, the child was in good health. The condition strikingly like Case No. I, at my second inspection. The parts symmetrical, the labia majora well defined, the vestibulum also well defined as far as the partial opening of the labia posteriorly would admit of observation. Here too, was the sharp angle, the transparent membrane, and the raphé continuous across the perineum in the line of the opening vulva. The nymphae were present as they were not before.

No constitutional disturbance accompanied the development in either case.

The above three cases were named to a very intelligent monthly nurse, who told me she had recently lost by death a girl nine years old whose condition was like the first named case at my first inspection. There was no vulva; the parts were symmetrical; the raphé extended from the urethral opening to the anus, both of which were well defined. She believed, from recollections of her having been placed on a sofa, and inspected by a doctor, in early childhood, that her own case was like those named above. She was the mother of seven children.

The points of interest are:

1. The post natal development itself.

2. The manner of it.

Both processes are from the clitoris backwards. In both the labia majora are first formed; the difference lies in the perineum, which in the antenatal process is projected from each side, and so separates the urethra-vaginal opening from the canal; while in the post-natal, the entire space from the urethra to the anus is solidly filled over, and the solid parts opened successively from before backwards, pre-

senting the vagina, and vestibulum distinctly formed.

The President having called for the report of the Bureau of Gynæcology, Dr. Jno. J. Mitchell, of Poughkeepsie, as chairman, spoke as follows: Mr. President, for the sake of convenience I have divided the report of the Bureau of Gynæcology into three sections. The first section comprises letters from all the members of the bureau except two, expressing their regret or inability, as the case may be, at being unable to furnish papers for the Society this year. I might also add that it included a verbal communication from the chairman of the bureau, Dr. Mitchell, of Newburgh, to the same effect.

The second section is composed of a letter stating that an article for the bureau was ready, but as the article has not been forwarded the communication will not be of special benefit to the Society.

The third section consists of a short paper from the pen of our worthy colleague, Dr. Minton, of Brooklyn, which paper, however, I have had to extend my jurisdiction to include under my bureau.

This paper was upon the influence of the drug *Chamomilla* upon the female. We have found it impossible to condense it, and are therefore obliged to print it in full, though against the rule.

'Twas CHAMOMILLA.

What soothed me when, in mamma's arms,

Her flowing breast lost all its charms;
And lullabys were sung in vain

To quiet down my nervous brain:

 'Twas Chamomilla.

What soothed me when, a nursing child,

Dentition drove me almost wild,
And made me fret, and cry, and yell
Like any little fiend in—well:

 'Twas Chamomilla.

What soothed me when grim colic
got

His bony finger on that spot
Just underneath my belly-band,
And pinched me with his ruthless
hand :

'Twas Chamomilla.

What soothed me when that dreadful
pain,

A "bottle-baby's" direful bane,
Knotted my bowels into a mass,
And made my stools as green as
grass :

'Twas Chamomilla.

What soothed me when that era
came,

Attended with much fear and pain,
When girlhood passes far away ;
And womanhood assumes her sway :

'Twas Chamomilla.

What soothed me when, a maiden
fair,

I lost my lover, and the air
Grew dark and lonely as the sea,
And life not worth a "sou marquee" :

'Twas Chamomilla.

What soothed me when, in "steric
fits"

I tore my wedding gown in bits ;
And vowed, by all the stars above,
I ne'er again would fall in love :

'Twas Chamomilla.

What soothed me when, in labor-pain,
I learned escape was all in vain,
And gave me strength, I do believe,
To bear the curse entailed by Eve :

'Twas Chamomilla.

Now, mother, maiden, baby dear,
Join in one loud and hearty cheer,
Prolonged, until the day you die,
In praise of Chamomilla high.

After listening to this eloquent
effusion the members concluded to
go home. And they went.

ABSTRACTS.

HOSPITALS FOR CONTAGIOUS DISEASES.—Dr. Farquharson, of the Iowa Board of Health, discusses in the *Sanitarian*, (Feb. 1884), the best location for hospitals for contagious diseases. Experience has shown that such hospitals infect the air about them, and radiate their influence according to their locality, size and construction. Where rows of houses are contiguous this influence may spread indefinitely ; but if the hospital is isolated rarely extends beyond one mile. As it is inconvenient and generally impossible, to so isolate hospitals, the only way to prevent the spread of contagion is to pass all the foul air through a heated shaft, a temperature of 300° F. destroying all germs. Various modes of effecting this have been suggested, the underlying idea of which is to admit the air from the periphery of the ward, thence after passing over the patients it is drawn up through a central heated shaft.

OXALATE OF CERIUM IN PERTUSSIS.—Dr. Pröll, of Nice, and Dr. Sigmundt, of Spaichingen recommend the oxalate of cerium in whooping cough, when there is epistaxis and emesis. Sixth decimal dilution.

DISCOLORATION FROM AN INJURY.—Dry starch or arrowroot moistened with cold water and applied to a bruise is said, *Popular Science News*, to prevent discoloration and facilitate cure.

HOARSENESS.—Sugar pellets medicated with second decimal of *Arum triphyllum* and allowed to dissolve on the tongue, is a good remedy.

Rabies may be communicated through the mother's milk, when the mother only has been bitten—*vide Lond. Med. Gaz.*

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor :

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors :

Profs. S. P. Burdick, E. M. Hale, E. C. Franklin,
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood. Drs. G. N.
Erigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millsbaugh, Mrs. J. G.
Erinkman, Mrs. Julia H. Smith,

Our columns will always be open to a courteous and
fair discussion of all subjects connected with our practice,
as much as our space allows; but we do not hold
ourselves responsible for the opinions of our contributors,
unless indorsed in our editorials.

SUBSCRIPTION, \$2 per year, in advance. For accommodation of subscribers, this journal is not discontinued until an order is received to that effect.

Remittances may be made by Post Office order, check or inclosed in a Registered Letter, at our risk.

A. L. CHATTERTON PUB. CO.,
New York.

EDITORIAL.

What any individual desires to do, and is able to do well, that is of benefit to any, it is the right of that individual to do against the whole world.—ALEXANDER WILDER.

CONSIDERABLE space is devoted this month to the meeting of the State Society. It will be found good reading.

* * *

WE have not hesitated to express our opinion on medical legislation. We want none of it. Every man has the right to employ any other man to do any thing for him, whether it be to take care of his horse or his health, provided the two can agree as to terms. We would not submit to legislative enactment compelling us to patronize John, the butcher, and Dick, the baker, and we see no reason why they should be compelled to

have a doctor endorsed by government.

* * *

IT may be very foolish in our eyes for John and Dick to prefer to be treated when sick by some ignorant healer, just as it seems unwise to us for them to vote for Michael, the rum-seller, for alderman; but they have, unquestionably, the right so to do. That they do so is largely due to the fact that the highly-educated legislator is often a slave to the most selfish motives, and the diplomated doctor is just as often a wretched blunderer.

* * *

THE law that sets up any class of men, and gives them privileges, to the exclusion of others, is unjust. If we cannot hold our own in the community, it is because we don't deserve its confidence. It may be very humiliating to see those whom we think ought to be our patients flocking to some irregular practitioner, who, in spite of his ignorance and irregularity, does better work than we can. The reason is plain. He has the intuitive knowledge of healing, without which no amount of learning, no legislative enactment, social position, or even good impulses, can make a man a successful physician.

* * *

THUS there is going on at all times a struggle in which the survival of the fittest is the rule. It is hard on those who have mistaken their calling; but it is in accordance with eternal justice. Let, then, every man stand on his own competence, unhelped by legislative distinctions, and the people will fare better in the long run, and the science of medicine will

develop with greater rapidity. A protected profession becomes the enemy of every idea which is inharmonious with its creed.

* * *

We would have been glad to have seen the State Society take this stand for absolute medical freedom. It will come to this finally. It is the only position consistent with the principles on which our Government rests. State medicine is an incongruity in our political system, subject to constant amendment and change, and necessarily of ephemeral existence.

* * *

THE astonishing results which follow the use of a favorite remedy, by some suburban practitioner, and of which reports are occasionally to be found in periodical medical literature, are sometimes actually blinding in their brilliancy, compared with which the refulgence of the Brush electric light is but as a glow-worm. Still the acme had not been reached until a guileless practitioner in Wilkesbarre, Pennsylvania, obtained a sample package of one of those substitutes for the lacteal product of the maternal breast, which look and taste like ground cracker, extra dry. This in hand, he started out with the evident and laudable intention to conquer the hydra-headed, fell destroyer, Disease, or know the reason why; and at the end of six months, on December 4, 1883, he thus tabulates his experience:

80 CASES AND RESULTS.

DISEASES.	CASES.	RESULTS.
Cholera Infantum,	43	42 cured.
Dysentery, Acute,	11	11 cured.
Vomiting of Pregnancy,	4	4 cured.
Neuralgia of Stomach,	2	2 cured.

DISEASES.	CASES.	RESULTS.
Chronic Dyspepsia,	15	8 cured. 7 improved.
Dysentery, Chronic,	2	1 cured. 1 relieved.
Chronic Ulceration of Bowels,	1	1 much improved.
Cancer of Stomach,	2	2 much improved.

With such overwhelming results, what need we of a *Materia Medica*? Throw physic to the dogs, or, as Oliver Wendell Holmes suggests, to the fishes, and use the prince of medicaments—*Multum in parvo's Food*.

CORRESPONDENCE.

CHICAGO, Jan. 22, 1884.

Dear Doctor Winterburn:—Allow me to ask you to give the specific indications for "Erigeron in ileus, Kalmia in albuminuria, and Cuprum in vaginismus," to which you alluded on page 33 of January number. These uses are new to me.

Yours truly,

E. M. HALE.

[Having used these three remedies successfully in the disorders named I supposed, perhaps erroneously, that they were well-known to the profession; herein being like the intoxicated individual who imagines that everybody else is drunk.

As for Erigeron, I got that kink from Prof. E. M. Hale, of Chicago. He spoke so highly of it in his Therapeutics of the New Remedies (4th edition), that I obtained an ounce of the oil, from which I made the third decimal trituration. This we used at the Manhattan Hospital in many cases while I was there. Besides using it in hæmorrhages, dysmenorrhœa and gonorrhœa, I had an opportunity to use it twice in ileus; being led to it by Prof. Hale's remarks, *ibid*, page 222. In both cases it acted with great promptness, the anti-peristaltic action ceasing, and a normal action of the bowels, with immediate mitigation of the distress, occurring within less than two hours after the administration of the remedy. It was given in enema as he directs for tympanitis and in two grain doses of the thir

decimal, every fifteen minutes, dry on the tongue. It happened that both cases were rheumatic subjects, and that the condition was apparently superinduced by cold.

Kalmia as a remedy for albuminuria has been in use, in this longitude, for a score of years. The first recorded case, as far as I am aware, may be found in the *American Homœopathic Review*, Vol. III, page 366, February, 1863. The article—*Kalmia latifolia* in Bright's Disease—is contributed by Dr. B. C. Macy, of Dobb's Ferry, New York, and the diagnosis is corroborated by Dr. Carroll Dunham. My own attention was called to the drug by Prof. Burdick, some years ago, in a case of albuminuria following scarlet fever, which refused to yield to either *Hepar*, *Apis* or *Arsenicum*. *Kalmia* proved to be the right remedy. Prof. Burdick has used this remedy in many scores of cases with success, and he estimates that it will help in fully seventy per ct. of all cases, including post-diphtheretic, puerperal, and from other recognized causes. My experience leads me to begin usually with the sixth potency; but it is often necessary to go down to the second, first, or even the tincture before the full power of the medicine is developed. On the other hand, I have seen cases unrelieved by low dilutions, begin to mend as soon as given the thirtieth or two-hundreth. I now always give it the preference, if albumin in the urine is associated with pains in the extremities or in the back (rheumatic), or with irregular, paroxysmal pains in various parts (neuralgic), or with heart complications. Lienthal and Lippe recommend it. Raue mentions it in nephritis, but not especially in albuminuria. Hering's proving contains only the symptom: Frequent micturation of large quantities of yellow urine.

As for *Cuprum* in vaginismus, I am afraid I must own up to being the originator of that idea without knowing it. I was greatly astonished, I will confess, to-day in trying to cor-

roborate my own experience by finding that none of our materia medica men speak of it in cramp of the vagina. The beautiful way in which it cured a case for me about four years ago seems to have made such an impression upon my mind as to have led me to imagine it was a usual prescription in that distressing disorder. This lady had suffered from vaginismus from the time of her first (and only) pregnancy, nine years previously. She had had the best of Allopathic treatment, both here and in Europe. The spasms came on in attacks lasting from ten minutes to two hours, five or six times a day, and at the menstrual nixus were almost continuous. These spasms were so severe as to cause visible movements. A finger introduced into the vagina would be clasped with such energy as to absolutely numb sensation. Just why I gave *Cuprum* I cannot now tell; but it was my first and only prescription. Possibly it was because of the twichings of the fingers and toes, even during sleep, which accompanied the vaginismus. However give *Cuprum* I did, and in the fifteenth potency. It wiped out the whole trouble in two or three weeks. Sometime afterward there was a slight recurrence of these cramps, but they were quickly *non est* on taking a few doses of the remedy. I think she has had none now for three years. G. W. W.]

LITERATURE.

During the past few months we have had occasion to speak in terms of earnest commendation of numerous works issued from our several Homœopathic publishing houses. It is particularly gratifying to notice that not only are our writers presenting therapeutics in a clearer light, weeding out imperfect or erroneous observations, and marshaling in systematic arrangement what clinical experience has proven reliable and curative, but that they are making our students independent of outside sources for their knowledge of pathology, microscopy, etiology, and

kindred departments of medicine. We are thus gradually accumulating a set of standard works which in erudition and elegance of diction are the equals of anything in medical literature. Only a decade ago it was the common taunt of adherents to Allopathy that Homœopathsists were 'mere symptom hunters,' that they 'knew nothing of anatomy, physiology, pathology, and chemistry.' The statement was wantonly untrue, even at that time. The average of our Homœopathic physicians in knowledge of all the collateral branches of a medical education has always exceeded that of regular medicine, just as Hahnemann was more than a compeer to the physicians of his day. But it was not until recently that we could point to our library shelves, to Raue's *Pathology*, Brigham's *Phthisis Pulmonalis*, Norton's *Ophthalmic Therapeutics*, Hart's *Diseases of the Nervous System*, Minton's *Uterine Therapeutics*, Dickinson's *Practice*, Kippax' *Fevers*, Buffum's *Diseases of the Eye*, Mitchell's *Urinalysis*, and Helmuth's *Lithotomy*, not to mention others equally good, and say: 'These are our Witnesses.'

We have been led to this train of thought by reading the excellent work on intracranial disorders which has just been issued from the press of Boericke,* and which is the most important work of the month. Dr. Hart established himself as a discriminating as well as a facile writer some time since upon the appearance of his work on diseases of the nervous system, which was at once recognized as filling a gap, that had been keenly felt, in our Homœopathic literature. In this, his later work, which is really a continuation or supplement to the other, Dr. Hart confirms all the good things which were then said of him. Evidently praise does this man no harm, but only stimulates him to renewed labor.

* *A Treatise on Intracranial Diseases: Inflammatory, Organic, and Symptomatic.* By Charles Porter Hart, M. D. 8vo., pp. 312. (Philadelphia: F. E. Boericke.)

The author gives within moderate compass, and in a very readable manner, the present views on cerebral pathology, prefacing this with a section on the physiological functions of the cerebrum, cerebral ganglia and medulla. The section on diseases, embraces not only the better known but rare and obscure conditions, and these are so lucidly described as to have almost the value of a clinical lecture. The therapeutic part is full, discriminating, and as far as our experience will permit us to judge, accurate. The index deserves an especial note of commendation.

Doctor Conant, of Middletown, New York, has written a guide to the treatment of the abnormal conditions arising from pregnancy, at parturition, or during the puerperal period, and to which the somewhat inappropriate title of *Obstetric Mentor* has been given.*

Doctor Conant believes in the old adage about a stitch in time, and recommends that the minor ills of pregnancy be attended to promptly, as a means of preventing more serious consequences when the obstetric crisis arrives. In this he is in accord with the best thinkers, in this department, in our school. The advice given, both therapeutical and hygienical, we can most cordially endorse, we believe, in every case; and the book will be found a safe guide in any probable emergency. The characteristic of each drug is given in well-chosen phrases, and it would seem that, with this book at hand, even the most incompetent could hardly seriously err. It would have been better if, under each heading, the remedies had been arranged, not alphabetically, but in the order of average usefulness; though this is

* *An Obstetric Mentor. A Hand-book of Homœopathic Treatment Required During Pregnancy, Parturition, and the Puerperal Season.* By Clarence M. Conant, M.D. 12mo, pp. 212. (New York: A. L. Chattemon Publishing Co.)

not as important in a work of this size as in one of larger dimensions. On the other hand, the short repertories, given in various places in the book, would have been much more available for the instant finding of the symptom required if they had been strictly alphabetized, and if the leading word of the phrase had been made clearer to the eye.

But who is responsible for this blundering imprimery? To be sure, the paper and press-work are excellent, giving the book, at first glance, a neat appearance. An examination, however, shows very dubious proof-reading: *Alectris* for *Alettris*, *ecery* for *every*, *Eupbras* for *Euphrasia*, *Aurum* for *Arum*, *bulsing* for *bulimy*, etc. Pages 3 to 11 are *non est*. The Preface begins on the left hand page instead of the right, as customary. The author rightly intended to make a "pocketable" book, but the printers evidently have a wrong impression as to the size of doctors' pockets, as they print a 16mo form on a 12mo page, and thus make the book weigh double what it need to have done. We are told on the top of every page that this is an Obstetric Mentor, as if we didn't know that before we turned open the cover. The running title on the top of the page should tell what is on that page, else it is super-numerary. Then again, we must protest against the use of abbreviations, except in books where space is all important. We have counted over four hundred abbreviations—as *HELL* for *Helleborus*—and there are many others, where no space is saved, and they stand as simple evidences of carelessness.

It is not pleasant to have to criticise a book in this way, but we cannot ignore error when called upon to express an opinion. In this case a valuable book has been marred in the making, and the best interests of both authors and publishers require that carelessness shall be rebuked in order that it may cease to be. A house that can issue so beautiful a specimen of typography as Minton's

Uterine Therapeutics should not be content with anything less perfect.

Prof. Gatchell has developed an unique idea, and one that will probably prove very popular. He has written what might be styled an emergency practice.* That is, he gives attention to all those diseases upon which a young physician may be called upon for an opinion, or for treatment, at any moment, and leaves out of consideration chronic conditions, which he can study up at his leisure in the office. Then he omits all theorizing, and gives in the tersest possible style just what a fellow wants to know when he is face to face with a critical case. We have all of us belabored ourselves, many a time, for not remembering at the critical juncture something that we ought to have thought of, but which our very anxiety to do the right thing drove clean out of our head. Well here is a little book, which looks just a private memorandum book, which nobody need feel sensitive about pulling out and consulting, and which will enable a man to remember what he knows,—and some things that he don't know, perhaps. We wish we could put a copy of this book into every student's hand, who is about to graduate this Spring. It would aid him in becoming a skilled practitioner, if he would thoughtfully consult it in every case to which he was called, and would thus do much to prevent hasty and ill-considered prescribing.

There are some things in the book which we would like to have seen stated in other terms, but why carp at little discrepancies, or minor differences of opinion, when the work is on the whole so well done. Publishers and author have united in making an admirable book, which from its liliputian dimensions will be found a convenient *rade mecum*.

* *The Keynotes of Medical Practice*. By Charles Gatchell, M.D. Illustrated. sm. 12mo, pp. 172. Flexible Russia. (Chicago: Gross and Delbridge)

In 1878, at the meeting at Cleveland, Ohio, the National Eclectic Association adopted a resolution authorizing an investigation in regard to genuine, spurious, and adulterated medicines. A committee was appointed with Prof. Albert Merrill as chairman, and the result is a very handsome publication which now lies before us.* No one who knows Prof. Merrill will be surprised at the conciseness, simplicity, and completeness of this work; but there are numberless persons who consider the Eclectics an illiterate set of boors, to whom this book must be an astonishing revelation. Judged merely as a sample of good book making, both from a literary and typographic standard, it has few equals, and no superiors. The author has drawn liberally from Homœopathic sources, and gives credit with impartial fairness. Unfortunately (judged from our standpoint) he gives but an outline of the therapeutic characteristics of each drug, and all the finer shades of usefulness are lost. It is a pity that so many earnest and faithful practitioners are perfectly satisfied to know just this much, and indifferent about knowing more. The work is useful in that it inculcates monopharmacy. When all practitioners learn to use drugs singly they will study more closely their special affinities. The book would have been more practicable with a good Clinical Index, which we hope will be added to the next edition.

Most students are so awkward in applying bandages, through not having received proper instruction, that any work that aims to present the subject in a lucid manner will be welcomed by many. Dr. Hopkins, of Philadelphia, has told the story of the roller-bandage in a series of

seventy-three illustrations in so straight-forward a manner that he who sees must understand.* These illustrations were made by photography direct from the living model, and show just how the thing is done. Some of the bandages we would apply differently, but the author is possibly justified in the choice he has made. It would be excellent practice for any one, to apply, on a living subject, each of these manipulations. The experience thus gained would stand him in good stead some day in an emergency.

The subject being a novel one to us, we have been highly interested in a work on the diseases of the horse, written especially for physicians and other horse owners, by F. O. Kirby.* This volume closes the admirable series which has constituted Wood's Standard Library of Medical Authors of 1883. This library has now been published for five years, and aggregates sixty volumes. They may be obtained for about seventy-five dollars, and should be in every physician's library. While containing much that is of slight value to a Homœopathist yet it is desirable to know, even in therapeutics, what our brethren of the major school are doing. But the bulk of the works are of interest alike in all schools. Among the notable books which have been published in this series are: Charcot on Diseases of Old Age, Tilt on Uterine Disorders, Piffard on Diseases of the Skin, Pavy on Dietetics, Coulson on the Bladder, Mackenzie on the Larynx, Poulet on Surgery, Keyes on Venereal, Ellis on Dissections (with exquisitely beautiful plates), Ranney on Anatomy, Tidy

* *A Digest of Materia Medica and Pharmacology*: forming a Complete Pharmacopœia for the Use of Physicians, Druggists, and Students. By Albert Merrill, M.D. 8 vo, pp. 512. (Philadelphia: P. Blakiston, Son and Co.)

* *The Roller Bandage*. By William Barton Hopkins, M. D., with 73 illustrations, 12mo, pp. 95. (Philadelphia: J. B. Lippincott and Co.)

* *Veterinary Medicine and Surgery*, in Diseases and Injuries of the Horse. By F. O. Kirby. Illustrated by four colored plates and one hundred and sixty-eight wood engravings. 8vo, pp. 332. (New York: William Wood and Company.)

on Legal Medicine, Parkes on Hygiene, and Ziegler on Pathology. These books are not only valuable as authoritative utterances, but they are beautifully printed and handsomely bound, making thus even to the eye a charming addition to one's library. Some are so foolish as to think they can get along without books, but that is a penny-wise belief. No man can read any one of these volumes thoughtfully without forever afterwards being a better and wiser practitioner. We second Prof. Lillenthal's idea that it would be well if books like these were given to students, rather than medals, as marks of proficiency in their studies.

We have received from Doctor William Jefferson Guernsey, of Philadelphia, a book made like an ordinary check-book, with a stub to which is attached ten coupons. The idea is to sell a set of these coupons to dubious customers, especially to those with venereal disorders, at a lump price, each coupon being good for an office treatment. It enables one to determine at once whether the patient's financial "intentions are honorable," and compels strangers to "stick" until cured. We all know how unpleasant it is to have a man walk into the office, and after getting three or four treatments, become dissatisfied because he isn't cured, and march off to some quack who offers to finish the job in forty-eight hours. The idea is a good one, and worth trying. Send fifty cents to David Heston, Station F., Philadelphia, and get a copy.

ITEMS.

Travellers in Africa assert that the most certain cure for malarial fever is strong coffee.

Dr. R. K. Hinton, Philadelphia, says: "I treated a case of mental exhaustion, produced by hard study, in a young lady of sixteen, with Horsford's Acid Phosphate, and found it invaluable in her case. I have used the Acid Phosphate in dyspepsia with happy results and as a tonic for debilitated persons,

"Harpers" for March is such a varied, interesting and brilliant number, that we know no means of recreation so cheap and satisfying. Doctor, if not already a subscriber, buy a copy, and forget for an hour or two the existence of pills, potions, and potencies.

"The Phrenological Journal" is always sure to contain something of interest in regard to human nature in its various phases. No one can read it regularly without having their ideas of mankind broadened and refined. It is now in its seventy-eighth volume and it grows better and better year by year.

"The Regular Physician" is the latest addition to medical journalism: The sub-title is: A Quarterly Abstract of Medical Literature and a Scientific News Journal. The editor is our genial colleague, A. P. Hollett, of Havana, New York. Terms, one dollar a year. We extend to him our cordial good wishes.

"Lippincott's Magazine" for February contained an excellent paper on "Old Germantown," and an amusing description of winter fishing, entitled, "On a Glass Roof." Dr. Felix Oswald also continues his sensible, and useful papers on "Healthy Homes." Lippincott's may be justly said to be "thoroughly readable."

Photographic illustrations of skin diseases by Geo. Henry Fox, A. M., M. D., is thus justly commended by the *Lahnemannian*:

"The work is by a leading specialist in dermatology, largely engaged in teaching and practice in public institutions, and eminently capable of giving us life-like representations of the various diseases of the skin. From a careful examination of the plates we do not hesitate to give them our hearty approval."

A new number of "St. Nicholas" always makes us wish we had been born a quarter of a century or so later, so as to have been able to look at all this wealth of picture and prose with juvenile eyes. Our children begin to ask a week beforehand if it is not most time for St. Nicholas to come, and when it is actually here there arises a friendly but rather animated contest as to who shall have the first look. Happy the home where St. Nicholas is a regular visitor.

"The Sanitarian" began its twelfth volume by a return to a monthly issue. It is a handsomely printed octavo of nearly one hundred pages, and deals with questions of public health from the broad platform of public weal. Its contributors are the leading Sanitarians of the country and it therefore presents an amount of new thought on personal and public hygiene not obtainable anywhere else in so convenient a form. It is published by Dr. A. N. Bell, of this city, at four dollars per year.

THE AMERICAN HOMŒOPATH.

"HÆC OLIM MEMINISSE JUVABIT."

BY

PROF. WILLIAM TOD HELMUTH, M.D.,

NEW YORK.

[This poem was delivered *ab memoria* at the Annual Dinner of the Alumni of the New York Homœopathic Medical College, March 13, 1884, in that inimitable manner for which our poet laureate is so eminently distinguished.—G. W. W.]

The lights are out ; the ceremonial o'er ;
The music hush'd ; the long-sought honors won ;
Commencement day of eighteen eighty-four,
So long expected ; now is almost done.
Yet here we linger, linger to the last,
Loth to consign it to the slumbering past.
Conscious in mind, that then the ties must sever,
That bind the members of our class together.
To-morrow's sun will soon illumine the skies ;
To-morrow's world will to its toils arise ;
And each of us diverging paths will tread,
Where duty calls, through life's broad fields outspread.

Then as you wander through the devious ways,
Bright with the sunshine of glorious youth ;
Onward and upward through the fleeting days,
Searching for light, for honor, and for truth ;
Thro' storm and cloud ; thro' sunshine and thro' shade ;
O'er dark morass and through the verdant glade ;—
Earnest and brave in that relentless strife,
Forever waging through the years of life ;—
The silver hair, the wrinkled brow *will* speak,
A step less firm, a furrow in the cheek,
Will tell the story of departed years,
Of hopes triumphant, watered with your tears.

Then as some traveler on the rocky ways
Of mountain slopes doth toiling upward go,
Pauses awhile and placidly surveys
The field, the streams, and woodlands far below,—
So in those hours of rest, when mem'ry steals
Athwart the senses with a mystic light,
Which gleaming o'er life's wanderings reveals
Scenes long forgot, in colors fair and bright,
Will one arise unbidden to your gaze ;
Your student life, those happy, dear old days,
When burning with th' Æsculapian flame,
To Alma Mater hitherward you came ;
Sat at her feet, obedient to her laws,
Imbued her principles, espoused her cause,
Took from her hand the honors each had won,
Proud of her name, and grateful as her son.

If filial love born with our earliest breath
 Holds fast and firm to only cease with death ;
 If sons successful in this world of strife,
 Still offer homage to their source of life ;
 If we believe the fifth commandment true,
 Then let me say a parting word to you.
 Not of myself, too much from week to week
 For months together have you heard me speak
 Of fractured skulls, of ulcers, wounds and bites,
 Of omnipresent, everlasting leucocytes,
 How cuts were healed, how broken knee-pans wired,
 Till at the last both you and I grew tired.

From Alma Mater now I come direct,
 Your Alma Mater grave and circumspect,
 Bearing a letter which I soon shall read,
 I pray you then in reverence give heed.
 After Commencement came a red-haired man,*
 Limping a little, tho' he swiftly ran,
 (You know him well, for at your own request,
 I placed a watch and chain within his vest),
 Bearing a message from your mother dear
 To me—commanding that I should appear
 Forthwith before her, ere it grew too late,
 That I must come to-night—she could not wait.

Up to the College, up the hundred stairs,
 My trembling knees my aching body bears.
 I find your mother sitting in the gloom,
 Under the seats in the dissecting room
 Close to that bath† were luckless mortals swim
 Preserved in body and unchanged in limb,
 Without decay tho' surely growing old,
 From summer solstice to the winter's cold.

Your noble mother rose, stretched forth her hand,
 Gave me the letter and did thus command :
 "Haste to 'the Brunswick,'" thus she said, "to night
 There 'mid the music and the dazzling light
 The merry laugh, the frolic and the fun
 The supper ended and the speech begun—
 There you will find the Alumni in their glory.
 Read them this letter, it will tell its story."

I took the missive, made an humble bow,
 My friends I have it—Will you hear it now ?

THE LETTER.

"My dear Alumni, to this gladsome meeting
 Your Alma Mater sends her kindest greeting.
 Before you part to-night this word I send,
 (By one acknowledged as a mutual friend)

* The Janitor to whom a watch and chain was presented during the session.

† The tank for the preservation of bodies during the summer months.

To say indeed I feel a mother's joys,—
 Delivered safe of over fifty boys !!
 All healthy, blooming, ruddy, gay and strong,
 In two short hours. Was the labor long?
 No, for Professor Burdick, strong of nerve
 Applied his forceps with the proper curve,
 While Allen gave the drug that seem'd to be
 The true *similimum's* totality.
 Dowling percuss'd and found each heart was true
 Tho' Bradford noticed one or two look'd blue,—
 Your uncle Samuel,* loyal to the core,
 Declared the class of eighteen eighty-four
 Were healthy as a whole, but one or two
 As-phyx-i-a-ted were in getting through,
 While Doughty gave this lucid diagnosis:
 That reflex symptoms of complete phimosi
 Could not be found in any he had seen;
 And in such matters Doughty's very keen.
 Liebold announced that though your eyes were good
 They in a decade open wider would,
 While Houghton looking into each man's ear
 To each one says: 'Believe not half you hear.'
 McDonald I'm expecting every day,
 I think you can predict what he will say,
 'Bi-lateral—Erosions red as fire!
 I'll pare the cervix and put in the wire.'
 Thanks for these services I now express,
 Yet with my joy a feeling of distress,
 A growing sorrow has for years been rife,
 O'erclouding now the sunshine of my life."

"As from the mountain pass a limpid stream
 Flows flashing onward in the noontide beam,
 Watering the flowerets on its mossy brink,
 Giving the traveler refreshing drink,
 Sending its waters o'er the verdant fields,
 Till each in turn luxuriant harvest yields,—
 May yet, from foul obstructions far beyond,
 Become at length a lazy, turbid pond;
 So has this latent sorrow year by year
 Dimmed half the brilliancy of my career,
 Until my life grows sluggish and demands
 A fresh momentum at your hearts and hands.
 Each year my sons, our offspring larger grows,
 Till all the world your Alma Mater knows.

* The venerable and honored Lilienthal.

But let me question you whom I have taught,
 Have we th' accommodation that we ought?
 Look round and see how all my sisters fare,
 Take her of Boston, see her mansions there,
 Completely furnished—At Chicago see
 How large their College edifice will be.
 Go to the lovely city of the lake,
 Observe the efforts there your cousins make,
 While in the settlement of William Penn,
 Behold the work in progress; turn you then,
 Come to my home—your mother's house and see
 My cause of sorrow, yea of jealousy.
 Where are the beds to place the suffering poor
 Who daily claim admittance at our door?
 Where is the museum where each chair may find
 The hundred specimens of varied kind
 To make the impress on the mind more clear,
 And by the eye assist the list'ning ear?
 Where are the volumes that my sons demand
 For ready reference ever at their hand—
 The works of sages in edition rare?—
 I ask the questions,—Echo answers, where!
 These are my griefs. What can your mother do,
 But turn in confidence my sons to you?
 The time has come, the moment is at hand,
 Rouse, ye Alumni! take the foremost stand.
 Let your exertions now united be,
 To raise an edifice complete for me,
 Complete and perfect let the temple stand
 Defying competition in this land.
 A home for Science and of Art a school,
 Where knowledge holds the undisputed rule,
 Where wisdom and experience shall be
 Of lucid teaching proper guarantee,
 And where each student daily can discern
 The wondrous phases of disease, and learn,
 Himself observant by the patient's bed,
 The truth or falsity of what he's read.
 Then, when these wants demanded are supplied,
 Your Alma Mater will rest satisfied.
 Proud of her students, prouder of her name,
 Proudest of all in her increasing fame.
 Then will the lustre of her teaching spread,
 As glorious sunlight bright'ning overhead,
 Dispersing ignorance, proclaiming knowledge
 A perfect Faculty—a perfect College."

"This is the story that I had to tell—
 I place the matter in your hands, farewell!"

Affectionately your
 ALMA MATER.

**FRANCISCEA UNIFLORA (MANACA),
IN HEADACHE.**

BY

PROF. E. M. HALE, M. D.,

Chicago.

One of the most severe and prominent symptoms in some headaches is the sensation as of a *band tightly drawn around the head*. I have observed it in the plethoric, and the anæmic, as well as in cases of neurasthenia.

The remedies in the *Materia Medica* which have this symptom are *Aconite*, *Amyl nitrite*, *Bromine*, *Cyclamen*, *Gelsemium*, *Hyosciamus*, *Juni-per*, *Merc. sol.*, *Nitric acid*, *Osmium*, *Rhus v.*, *Spirea*, and a few others.

Now some of these cause hyperæmia primarily (*Amyl. Glon.*), others cause primarily anæmia. (*Aconite*, *Bromides*). It is singular that *Belladonna* has not this symptom.

There are several that cause a sense of "constriction," *Physostigma* has the symptom, "constriction as if from a bandage." *Cannabis indica* has a similar symptom.

In many cases, however, I have found the above remedies fail to remove the symptom, and the headache in a reasonable time, and I have been looking for several years for a more specific remedy.

I think I have found it in the new drug from Brazil (*Franciscea*), lately introduced by Parke, Davis & Co., of Detroit, in a volume entitled "*The Newer Remedies*."

The following are recorded as symptoms caused by its use, even in small doses :

(1.) A small dose of the decoction caused severe pains about the head and along the spine, which after a few hours end in profuse perspiration and sleep.

(2.) A small dose of the tincture caused a sensation "as if a *band* had been tied so tightly around the head as to produce pressure on the brain itself.

(3.) In some other cases it has caused violent pains in the joints and muscles, simulating rheumatism, with a sensation of *crushing* of the brain.

It has been used empirically with alleged success in acute and chronic rheumatism and spinal meningitis.

The case in which I tested it was a young lady under treatment for neurasthenia, with violent paroxysms of neuralgia of the left side of the body, like *tic doloreux*, with *puncta dolorosa*, at the 4th cervical vertebrae.

I was sent for one day and found her in great distress, with the symptom as if an "iron band was around her head, crushing the brain as if it was in a vise."

Prescribed *Franciscea* 1 x dilution, 10 gtts. every 2 hours. The pain had lasted a day. It disappeared after taking a few doses. I am waiting for another similar case in which to try the drug.

**THE CAUSES AND PREVENTION OF
DIPHTHERIA.**

BY

GEO. M. OCKFORD, M. D.,

Vincennes, Ind.

The spirit of the age prompts to the study of the ultimate causes of disease, and no affection demands our attention more than the domestic scourge known as diphtheria. The developments of the germ theory have proven that the septicæmia present in diphtheritis is due to micrococci, and hence it is argued that the disease is wholly caused by bacteria. Other investigations, however, have shown that these micrococci may be developed from inert germs which are always present in the mouth. The experiments carried on by Drs. Wood and Formad under the National Board of Health showed not only that

the inert organisms were present in the mouth at all times, but that in malignant cases of the eruptive fevers of children similar organisms are present, and that the secondary septicæmia of these diseases are due to the diphtheritic micrococci. If these are facts, we are not justified in stating that bacteria are the cause of the disease, but its cause must be found in those conditions under which the inert organisms are developed into an active state, for there must be present a previous diseased condition as a suitable soil for the growth and development of the organisms. The presence of intestinal worms in children afford an illustration of the operation of parasites. At times children so affected suffer no inconvenience from their presence, but as soon as indigestion occurs from other causes the worms become a prominent feature in the diseased condition. "Worm fever" so called depends more upon a previous gastric affection than upon the vermicular organisms which are present, and it may be truly said that its causes are to be found in derangements of the digestive tract. In diphtheria the process is a similar one. In comparatively healthy conditions of the system, the micrococci are inert and void of danger, until by conditions favoring it, they are awakened into activity. What are these conditions? To speak in the abstract, we may say that they lie in conditions of mal or perverted nutrition. The parts taking on the diphtheritic inflammation must have had previous impairment of the nutrition. It is essentially a gangrenous inflammation and gangrene never occurs in a perfectly nourished tissue. Apparently it is an excessive fibrinous exudation that causes the gangrenous inflammation, but this peculiar fibrinous exudation never occurs until the nutrition of the system has been impaired. If we study the history of the disease, we will find that the children most liable to the malignant form of the disorder are those who have frequent catarrhal

affections of the naso-pharyngeal mucous membrane, producing a local impairment of nutrition, or who from a bad system of early dietetics are affected with frequent gastric derangements. It may be that they have abundance of food, but we all know that only a small percentage of American children have an abundance of proper food, and that the ordinary diet of such children is not that adapted to the perfect nutrition of the body. Other cases occur as a secondary septicæmia following the severe impairment of nutrition incident to the eruptive fevers. Among adults similar causes usually exist before the development of the disease. Physicians appear to be peculiarly liable to diphtheria, but we can easily account for it. No class of persons have more mental strain thrown upon them than physicians who are battling with diphtheria in its virulent forms, and the history of those who succumb to the disease will disclose the fact that in addition to the worry and fatigue, they suffered from loss of appetite, or as we have often heard them express it, "so anxious and worried that I cannot eat." This loss of food and sleep combined, with intense exertion seriously affects the nutritive powers of the system and mal-nutrition becomes the potent cause of the malady. True, the micrococci are the exciting cause of the affection, but we have yet to see a physician contract diphtheria whose head was cool and whose digestion and appetite were in a normal condition. There must be previous to the development of the disorder, a lessening of the vital forces an approaching pernicious anæmia, as it were, with its accompanying perversion or failure of nutrition. The cause of diphtheria is in conditions favoring imperfect nutrition. How do we account for those severe cases in which the seal of death is present with the initial appearance of the diphtheritic process? It is the continued impairment of the nutritive forces of the body until there is a

sudden breaking down in a condition of profound anæmia, which causes the sudden development of the septicæmia with its attendant micrococci. And in these malignant cases, the failure of the digestive organs is always a prominent feature. Even before the angina presents itself, the appetite fails and finally is entirely lost. Nearly all fatal cases have this failure of nutrition powers and it is rare for a diphtheritic patient to succumb to the disease, no matter how severe the seizure may apparently be, whose digestion and appetite remains intact. We can, with greater safety, make a favorable prognosis in a markedly severe case when food is taken readily, than we can in an apparently mild case in which a total loss of appetite manifests itself early in the disease. Even if we succeed in carrying such patients over the more urgent stages of the disease, by means of rectal or other forced systems of alimentation, the chances are that a fatal result will be reached through some secondary complication. We have often heard it stated that a diphtheritic patient died because food was persistently refused, and the opinion expressed that food or nutriment would have prevented a fatal issue. The only time that food could have prevented death in these cases was in the time when mal-nutrition was slowly undermining the system and preparing it for a diphtheritic out-break. If we would eradicate this terrible domestic scourge, our efforts must not be directed solely against the bacteria, but they must extend back to the dietetic management of infants and children, to the proper ventilation and sanitary conditions of houses and surroundings and in fact the correction of everything tending to lessen the vitality and to interfere with the proper nutrition of the body. Diphtheritic micrococci are harmless without previous impairment of the vital forces, and if we would prevent their activity it must be done by keeping the system at par and by allowing nothing

to interfere with the proper nutrition of the body.

**NEW METHOD OF TESTING FOR
PARALBUMIN IN OVARIAN
CYST FLUID.**

BY

PROF. CLIFFORD MITCHELL, M. D.,

Chicago.

Much complaint has been made because the profession has no reliable test for paralbumin in ovarian cyst fluid drawn off for purposes of chemical examination. The only easily performed test has been that recommended by Spencer Wells, namely: acidulate the ovarian fluid with a few drops of acetic acid and boil; a coagulum is formed which when boiled with excess of strong acetic acid either redissolves or turns into a transparent jelly. As to the value of this test authorities vary. Garrigues finds it unreliable in that *all ovarian* fluids examined by him have not responded to the test while *some ascitic* fluids have. Two specimens of ovarian fluid recently examined by me differed in their deportment when tested by the above process. The first specimen which was less viscid than the second answered perfectly to the test, the coagulum being almost completely dissolved by boiling with excess of strong acetic acid. The second specimen contained a large amount relatively of proteids and yielded an abundant coagulum with heat. Prolonged boiling with excess of strong acetic acid gave a doubtful result, the liquid being almost, though possibly not quite, as turbid as before. I am inclined to think, however, that had the fluid been diluted beforehand, or boiled with a very large excess of strong acetic acid, that it might have cleared more perceptibly.

The method I have devised for detecting paralbumin is much more simple and convenient than any test which involves boiling. Scherer found that paralbumin was coagu-

lated by *nitric acta* and that the coagulum dissolved in *strong acetic acid*. My method is based on this fact and is as follows: Pour a fluidrachm of the ovarian fluid into a test tube of small diameter (preferably not over $\frac{1}{2}$ inch), then allow one or two drops of nitric acid to trickle slowly down the side of the test tube into the ovarian fluid. The acid slowly sinks through the fluid *coagulating the paralbumin* as it goes, forming a *well defined clot*. The tube may be shaken gently to accelerate the separation of this clot. When it has well settled to the bottom of the mixture, carefully pour off the supernatant fluid and the clot remains. Now pour in some strong (glacial) acetic acid, filling the tube half full; the clot rises to the top of the acetic acid, and on placing the thumb over the mouth of the test tube and shaking well, the clot is wholly or at least very perceptibly dissolved by the acid. The advantages of this method are that it does away wholly with boiling, and that it can be performed on a *very small amount* of ovarian fluid. Care must be taken not to use too much nitric acid nor to form too large a clot, or some difficulty may be encountered in dissolving it with acetic acid. Moreover only acetic acid having a specific gravity of 1065 at least must be used. Commercial acid having a specific gravity of about 1045 on the urinometer scale *failed to dissolve the clot*. A slight turbidity remaining after shaking with the acetic acid is of no significance, being due probably to proteids not soluble in this acid.

EXOPHTHALMIC GOITRE.

BY

PROF. J. W. DOWLING, M.D.

New York.

[A clinical Lecture; concluded from February number, page 38.]

Various theories have been advanced as to the etiology of this malady, but of this nothing definite is known. The patients, like this one, are

nearly always of an emotional temperament. After a period of nervous derangement the disease is generally ushered in by some severe mental strain or shock. It is undoubtedly a disease purely of the nervous system, probably functional for no constant pathological lesions have been discovered, but there is no telling what microscopy may do towards unraveling the mystery in the future.

The first symptom which develops is the cardiac excitement, and it is to this rapid action of the heart so long continued that the dilatation and in some cases the hypertrophy is to be attributed.

The next condition which makes its appearance is the enlargement of the thyroid body. This is not a true hypertrophy as in ordinary goitre, the enlargement is owing to dilatation of the thyroid artery and its branches, they are enlarged to such an extent that as in this case they pulsate. The pulsation of these vessels you see is a marked feature of the swelling in the patient's neck. In some cases the carotids also pulsate violently, but the pulsation is very different from that accompanying insufficiency of the aortic valves with enormous thickening of the walls of the left ventricle with dilatation of its cavity. In the latter cases the artery is tense and full. In exophthalmic goitre the vessels are dilated but they are not well filled with blood and they are exceedingly compressible on palpation. The dilatation of these vessels is undoubtedly owing to paralysis of their vasomotor nerves.

The protrusion of the eyeballs according to pathologists is due to swelling of the intra-orbital fat, resulting from hyperplasia to hyperæmia and œdema, others attribute it simply to dilatation of the vessels in the orbit, others to contraction of the involuntary muscular fibres in the orbital membrane which covers the sphenomaxillary fissure.

All that is positive and constant is the fact that the eyeballs in every case protrude and that the protrusion

subsides when the patient is restored to health. The sight is in no way affected, and the pupils are neither unnaturally contracted or dilated. The eye sometimes as in this case has a glistening brilliant appearance, and in some instances the enlargement is so great that the lids do not entirely cover them, the result of this is inflammation of the conjunctival membrane, and of the cornea. The bleaching of the skin is owing to the anæmic condition of the blood and the imperfect emptying of the left heart.

The skin is poorly supplied with arterial blood, and this with the change in the quality of the blood is owing to faulty nutrition (for the nutritive organs are always secondarily affected), gives rise to the pallor so marked in the patient we have before us.

There are some interesting features in this case which it will be well for us to consider before closing.

The characteristic symptoms of this disease, the prominence of the eyeballs, the enlargement of the thyroid body and the pulsation of its arteries, together with the rapid and tumultuous action of the heart from their long standing have become so much a part of her general condition, in fact they are so less prominent than formerly, that she is almost unconscious of their presence, and she has consulted us that she might be relieved of her diarrhœa. Is this diarrhœa an independent condition, or is it merely a symptom of her malady? We will ask the question, "What produced this diarrhœa, and why she did improve so far as her general condition was concerned when it set in?" Then we will ask the question, why was her urine scant in quantity during the height of her disease and why did it increase in quantity with improvement?

We have called particular attention to the rapid, feeble, and irregular heart action in exophthalmic goitre; to the blanching of the skin, which latter condition undoubtedly arises from imperfect circulation of arterial

blood in the peripheral vessels owing to this rapid and feeble heart action. The left heart does not properly empty itself upon systole, consequently there is imperfect filling of the arteries, and as a natural result an over-distention of the veins throughout the system at large. There is a venous engorgement of every organ in the body necessarily impairing the functions of the organs. Her brain has been less clear than usual: her appetite has been impaired, there have been and are evidences of faulty nutrition. There has been a general dropsical condition, resulting from the percolation of serum through the walls of the distended venules. Owing to this same distention, absorption has been interfered with. The result of this, so far as the intestinal canal is concerned has been what might be properly termed a catarrh of the mucous membrane of the entire intestinal tract—resulting in the profuse diarrhœa which characterized the dropsical stage of her disease.

You are probably aware of the fact that in cardiac dropsy it is common for physicians of the old school to administer elaterium and other drastic purges, the object being to drain the the intestinal vessels thus enabling them to absorb the fluids which had been thrown out into the shut cavities and the interstices of the tissues generally, in some instances with astonishingly favorable results so far as the dropsy is concerned.

She has told us that her dropsy gradually disappeared after the establishment of this diarrhœa. Nature has done for her, precisely what the physicians have endeavored to do in the cases stated. This serous discharge from the intestinal canal has drained the intestinal vessels, has unloaded the engorged veins throughout the entire body, and with that unloading there has been a decided improvement in her general condition. Her brain is clearer, her appetite is better, there is improved nutrition.

Would it be wise to attempt to check

this diarrhœa? I think not, for in my opinion it is compensatory and so long as this feeble, rapid and irregular heart action continues, it is far better for this safety valve to be left open.

Now as to the urine. Why was it so scant during the height of the disease? We have told you that the arterial current was decidedly diminished in both force and quantity. The pressure upon the glomeruli of the kidneys was so trifling that the quantity of urine was necessarily small. No doubt if an examination of her urine had been made at this time, albumen and casts would have been discovered resulting from the venous engorgement of the kidneys.

She has told us that of late the quantity of urine has increased, although still much below the normal quantity. Why this increase? Simply because now the action of the heart is stronger than formerly increasing the quantity of blood in the arteries, increasing the force of the arterial blood current, increasing the pressure in the glomeruli of the Malpighian corpuscles. Owing to the diarrhœa even the renal veins have been unloaded which probably accounts for the fact that the urine at the present time is free from albumen.

But she has come to us for medical advice and although we do not desire to check this diarrhœa we do wish to improve her general condition. Probably better results have been obtained from Belladonna in the treatment of this disease than from any other of our remedies. In fact many cases of recovery are recorded under its continual use. We will therefore prescribe Belladonna for this patient in the 3rd cent. dilution, a dose three times a day, with nutritive diet and the avoidance of all stimulating drinks including particularly coffee and tea.

PLUMBUM IN TYPHLITIS.

BY

G. N. BRIGHAM, M.D.,

Grand Rapids, Mich.

M. L. S., æt. 66, was taken ill at his breakfast table, next morning after a three mile ride out of the city to see his Holstein herd of cattle. He had made quite a little stop at the barns, and the day was one of the coldest of the season. Patient is President of a Bank and has an office inside and is not much used to so severe strains, though a hard working man. His attack was so violent friends thought he would die before help could be summoned. Found him on my arrival sitting leaned back in a chair by his fireplace, pale and nigh pulseless, panting for breath and groaning all the time. Feet and hands cold. Could give no account of himself and refused to be put to bed, as he said he could not be moved. Gave him *Veratrum alb.*, and with help of his two sons we got him undressed and into bed. He then complained that he must go to stool, which we did not allow till reaction was somewhat established. When effort was made to evacuate the bowels nothing but a little blood and mucus came away. He was compelled to leave the chair, though insisting that he must evacuate his bowels. We gave him ten drops of *Laudanum* and insisted on his making no further effort to evacuate the bowels. Stepped home to finish our breakfast and returned. He had taken an injection of tepid water and tried to evacuate the bowels. I found on my return in my absence nothing but blood-stained water and a few small clots came away, and the pain in the bowels was greatly increased. I made a careful examination of the abdomen and found a pouting tumor over the ileo cæcal region extremely tender to the touch and gave him *Plumbum 200* and applied hot fomentations to the abdomen. He was soon greatly relieved, and the pouting gradually subsided and ten-

The North American Review has among its contributors most of our best thinkers. It therefore presents a fresh, and thought-inducing, series of articles month by month.

derness abated correspondingly. We found it necessary, or thought we did, to support Plumbum once or twice in twenty-four hours with Opium in the first dec., when there was evidence of spasmodic action in the ileo cæcal lesion. This only the first two or three days. There was at times considerable teasing in the bowels producing the desire of going to stool, but my injunctions were now well obeyed. Patient had a natural stool on the ninth day, and thereafter no further trouble about the bowels, though his full convalescence was delayed till about the eighteenth day. Six days after I had discharged myself he had an evacuation which was chiefly blood and in fœtid clots. Summoned again I gave him Plumbum, and no further trouble has followed. While he was sick a young man in the neighborhood died of a similar attack on the third day of his sickness.

A CASE OF CEREBRAL CONCUSSION.

BY

PROF. F. E. DOUGHTY, M.D.

New York.

A little girl, age nine years, while playing upon a stoop, climbing up the outside railing, fell backwards to the ground, a distance of 14 feet, and struck upon the right side of her head.

I was called 15 minutes after the occurrence, and found a large tumefied swelling upon the right of the occipital protuberance, extending towards the right parietal region. The child was in a state of unconsciousness and had been vomiting involuntarily ingesta, strongly colored with blood, and containing clots of blood. The pupils were dilated and partially inactive. The conjunctivæ were slightly injected. The tumefaction at the point of injury was so great that it was impossible to tell at that time whether or no the cranial plates had been fractured. Temperature $99\frac{1}{2}^{\circ}$, pulse 100. An ice

bag was applied, to head and Aconite and Arnica given internally.

Aug. 23rd. Child has remained unconscious since fall. Secretory and excretory functions performed involuntarily. Has been quiet—sleeping large portion of time. Pulse is higher and temperature slightly elevated. Takes no notice of anything about her. Loss of expression upon the side of face upon which the head was injured. Some twitching of limbs noticed. Ice bag continued and Apis exhibited internally.

Aug. 24th. Same state continued all day with little change.

Temperature $100\frac{1}{2}^{\circ}$. Pulse 116. Secretions normal. Uneasiness and restlessness indicate time for discharges. Tongue protruded, inclines towards the right. Tumefaction reduced and in its place is an elevated ring of œdematous tissue encircling a depression. Impossible to define whether there is a depression with compression or no.

Aug. 25th. Temperature 102° . Pulse 120. Left side is now paraplegic—complete. Does not recognize friends and seems afraid of every one. Insists on rising to void urine and to evacuate bowels. Takes liquid food, mainly consisting of milk.

Aug. 25th. Temperature $102\frac{1}{2}^{\circ}$. Pulse 120. Eyes are now slightly convergent. Cervical muscles contracted in the first stage of Opisthotonos. Meningitis threatening. Ice continued and Gels.³ prescribed.

Aug. 26th. Eyes now strongly convergent and back curved inward from contraction of all spinal muscles. Left side entirely paralyzed. Breathes heavily and at rate of 26 a minute.

Aug. 27th. Condition much the same during morning. About 3 o'clock in the afternoon irregular convulsive movements noticed. Twitching of hands and fingers and sudden irregular movements of members of right side. Left side motionless from paralysis.

At 9:30 P. M., was seized with severe opisthotonic convulsions and after two seizures of moderate length

was taken in one continuous series of convulsive movements of muscles of right side which lasted from 11 P. M. to 3:45 A. M. During this time there were no intervals of rest covering more than 2 minutes. The advisability of trephining skull at points of injury was seriously considered, but as no definite opinion about the existence of fracture or depressed bone could be formed the operation was postponed.

Convulsive movements ceased at 4 A. M. August 28th. The contortion of spine has been less marked during day, and patient has rested more quietly. Has taken small amount of nourishment.

Aug. 29th. On this date I determined that the impression that the skull was depressed, arose from the fact that the œdematus ring about the point of injury seemed like the edges of bone—and that the depressed centre was caused by the laceration of tissues of scalp. Trephining was therefore not performed, and same treatment was continued which consisted in the use of ice externally and the administration as indicated of Apis, Gelseminum, Lauroscerasus. No more convulsive movements have occurred and slight voluntary movement of left side was noticed.

The boring of head into pillow has almost ceased and eyes are resuming their normal appearance. Has shown no intelligent perception of anything that occurs.

Sept. 1st. Condition has steadily improved with slight return of intelligence. She recognizes one or two faces but further than that she does not seem conscious. Temperature is normal, and pulse 108. Pulse is variable in frequency changing 20 or 30 beats on very slight provocation.

From this time on the improvement was steady but very gradual.

By very slow degrees she recognized first the faces of her family and then of some of her friends; but in every instance she was unable to recall their names. In fact, this is the most noticeable feature in her recovery. All

names had to be taught to her again. Article, verbs, adjectives, all parts of speech but *nouns* she could use easily, but every *name* had to be given to her anew. In asking for anything she would say, "I want *that*" and could not name it until the word had been repeated several times.

The use of her left side returned rapidly. She has no pain and aside from becoming easily excited shows no evidence of being ill out side of the mental peculiarity. Four months after the fall this defect was noticed in conversing with her. After six months she returned to school and now, nine months from date of fall she seems perfectly recovered.

THE THIRST FOR UTERINE BLOOD.

BY

ROBERT A. REID, M.D.,

Newton, Mass.

Anyone who reads carefully the monthly medical literature, can hardly fail to note the increasing frequency with which the most heroic measures in uterine surgery are undertaken. Without wishing to ignore the just claims of operative gynecology, we cannot refrain from urging the expediency and wisdom of giving more attention to the *medical* treatment of uterine disease. There is no doubt that the latter branch of our science has been too much neglected in the craze for operative procedure—that many operations have been done more because they were fashionable than for any good conferred by them upon the patient. It is so easy to gain credit by such procedures, that many have yielded to the temptation, even when the operation was neither needed nor justifiable. Then too the uterus is so long suffering and non-retaliatory, that it invites all sorts of inroads upon its textural integrity. Just as the taste of blood changes the cub that had been tamed, into a ferocious and dangerous beast, so the shedding of uterine blood seems to beget an insatiety for gynecological operations

which, when once established, is sometimes dreadful to contemplate. Cases are on record in which surgeons have begun by timidly incising the os, have then excised the cervix, body, and fundus of the uterus; and finally, when ovaries were included in the ablation, have actually mourned that nothing more was left to conquer. The fact that some of these get well may help to prove that, gynæcologically speaking, the uterus and its appendages are incumbrances. But the other side of the argument is, that women who are not operated upon, whose uteri know not the knife, the scissors, ecraseur, or pessary, also get well. This is certainly great comfort to the ordinary practitioner who could not diagnose a case of pyo-salpingitis if he should meet it, and knows oöphorectomy only as an operation more to be dreaded than the condition for the relief of which it is undertaken, and who entertains a healthy fear of disturbing peritoneal coverings, of poking pessaries into the bladder or through Douglass' cul de sac into the abdominal cavity, of mistaking the uterus for an ovary, or of any of the other trivial accidents which occasionally happen in the higher walks of gynæcological life. The fact is that the desire to cut, twist, burn, amputate, electrolyze, and pessarize the uterus, has amounted almost to a mania. The aspiring gynæcologist who has been unable to devise a new operation, invent a speculum, or modify an old one, has been compelled to infuse his energies either into a new cautery iron, a novel back-action curette, or a manifold self-acting elevator. If, perhaps, he fails in every other way in encouraging operative procedure, he gives a new and important twist to a pessary, establishes a principle, and makes a reputation. But if the time has come for a change of opinion, if the worst must come to the worst, advocates of the new doctrine can do more than arrest the study of surgical statistics, and, as a possible consequence, create a corner in uterine pathology. In

any event we believe in giving the uterus one more chance.

MYXŒDEMA.

BY

CHAS. PORTER HART, M. D.

Wyoming, Ohio.

The term myxœdema was first applied by Dr. Ord to a disease characterized by a peculiar form of œdema, or puffiness of the skin, over the entire surface of the body. The disease closely resembles anasarca, the chief difference being that the tissues, instead of pitting on pressure, as in œdema, return with prompt and firm resiliency after the pressure is removed.

The surface of the body presents an appearance resembling that of anasarca. When pressed upon, however, the tissue is found to be resilient, leaving no indentation as in ordinary œdema. The cheeks are red from capillary congestion, and the eye-lids, nostrils, and lips are swollen and prominent. The swelling or puffiness may involve, not only the face, but the whole surface of the body, and is especially marked in the hands and fingers, giving to them a blunted or clubbed appearance; at the same time there is no distortion of the nails. There is also well-marked anæsthesia of both the general and special senses. The sense of touch is greatly impaired, there being not only a feeling of numbness, but a cushioned or padded feeling, both of the fingers and feet. The numbness is also present in the face, the tip of the tongue, and the upper and lower extremities. Sight and hearing, as well as taste and smell, are all greatly diminished in acuteness, vision generally more or less deranged, and smell sometimes almost abolished. The temperature of the body is always below normal; and the muscular and coördinating power decidedly weakened. Articulation is slow and indistinct, the grasp feeble, and the gait tottering. The patient, although able

to stand with the eyes closed, requires the aid of sight to coördinate the movements, and even then they are performed in an awkward and uncertain manner.

The electro-excitability of the muscles is greatly diminished in all parts of the body ; the response to both the galvanic and faradic currents becoming less and less as the disease progresses. A characteristic feature of the disease is the mental condition, which bears a considerable resemblance to acute dementia, and is accompanied by hallucinations, illusions, and delusions. The organic functions are all more or less imperfectly performed. The pulse is irregular, or slow and feeble, the temperature depressed, the appetite impaired, the bowels constipated, the urine loaded with urates, and the sleep disturbed, short, and unrefreshing.

The disease may be easily distinguished from ordinary œdema, by its never pitting upon pressure. Tricuspid regurgitation, and other cardiac affections interfering with the return of blood from the right side of the heart, and attended with a similar clubbing of the fingers, but the other symptoms will prevent any error in diagnosis. The same is true of scleroderma, which is liable to be confounded with this disease, unless we bear in mind that in the former the surface is hard, that there is a sense of constriction about the parts, that there are no mental symptoms, nor any permanent reduction of temperature, such as is met with in this disease. Moreover myxœdema belongs to a much more advanced period of life. The prognosis could not be worse than what it is, as treatment has hitherto proved utterly unavailing, and several cases have terminated fatally.

The swelling is caused by a mucoid substance deposited throughout the body, but more particularly the skin. This mucoid deposit closely surrounds all the terminal nerves, blunting their sensibility and interfering

with their conducting power. Similar deposits are also found in the brain and other nerve-centres, and as these envelop the nerve-cells, they will serve to explain the impairment of the mental functions, which occurred in one case before there was any appearance of external swelling. I am not aware that this disease has ever been subjected to homœopathic treatment. The old school, into whose hands nearly every case has heretofore fallen, has brought to bear upon it its most powerful remedies, such as electricity, phosphorous, strychnia, and arsenious acid, but without improving in the least the nutrition of the parts, or ameliorating the condition of the patient. As such treatment, however, is wholly empirical, it does not follow that the homœopathic administration of such remedies as Arsenicum, Baryta, Carbo an., Iodine, Lachesis, and Silicia, would prove equally unavailing. At the same time, it must be confessed that, considering what we know of its pathology, it would be highly presumptuous to count upon any marked success in the treatment of this disease, even under the most favorable circumstances.

CIMICIFUGA IN THE NEUROSES.

BY

GEO. W. WINTERBURN, PH. D., M. D.,

New York.

Cimicifuga is essentially a cerebro-spinal remedy, being, in large doses, to both brain and cord a depressing irritant, acting inversely to Nux vomica. I find occasion to use it in several cerebro-spinal diseases. In irritation and congestion of the meninges, as well as of the substance of the cord, it seems to deserve confidence. I have used it here but rarely ; reliable observers, however, speak of it as being unvaryingly successful, and the following case shows its remarkable power : Mrs. C. H. M., aged twenty-one, of sanguine lymphatic temperament, had married

at the age of sixteen, and was the mother of a little girl of four years of age. After the birth of this child, she made up her mind that she had had enough, and took means accordingly. The result was that from being a robust, hoydenish girl, she became an invalided woman, looking five years older than her proper age. There was slight uterine congestion, the catamenia was rather too free and occurred every twenty-two or three days, lasting six or seven; but the main trouble was in the spine. She had pain along the entire cord, worse on pressure or when lying on it. She was unable to walk but a short distance, without causing distressing pulsations in the spine. Insomnia was an important factor in the case. The least mental excitement would cause extreme wakefulness, and this loss of sleep would be followed by a mental state of which "homesickness" is the familiar prototype. This state of things had not come upon her suddenly; but for three years she had been going steadily downhill, until at last her whole family were greatly alarmed at her condition. For this alarm there was abundant reason; as from the peculiar numbness felt at times in the feet, and an occasional uncertainty in gait, it was evident that unless relief came soon, she would presently drift into locomotor ataxia. It was under these circumstances that we began the use of *Cimicifuga*, in the third trituration. In two weeks she was greatly changed for the better in appetite, sleep, and spirits. The pain in the back gradually improved beginning at the top of the spine, and quitting vertebra after vertebra, until at last it was felt only in the very lowest portion of the coccyx. Long before this she could walk with comfort a considerable distance, without a recurrence of the pulsations in the cord. Her menses were normal, and came on without distress or inconvenience. At the end of seven months the spine had entirely recovered its normal condi-

tion, and pressure on any part no longer caused the slightest discomfort. In fact she was in perfect health and spirits.

In various forms of headache, I can speak with personal certitude from frequent and successful employment. It is useful in periodical nervous headache (recurring every day at the same hour); in passive congestive headache; in headache arising from over study or excessive fatigue; in the cerebral confusion and distress of drunkards—or rather, when resulting from a "spree;" in headache at the menopause in nervous hysterical women, or at the menstrual period, when the flow is too frequent and too profuse; and in headache from night watching, or from exposure to damp, cold wind.

The character of pain, which is indicative for *Cimicifuga*, is—pain which presses from within outwards, with a tendency to involve the eyeballs; the head feels so heavy and full, that every time he moves it he has the sensation as if the cranium opened and shut; the pains are aggravated by movement, and are generally alleviated in the open air. The absence of gastric disturbances is a further indication for this remedy. When these conditions exist, with sensitiveness to cold air, *Cimicifuga* can be given with every assurance of success.

The following persistent cephalagia is a fair type of its usefulness: Mrs. M. L'D., a widow, aged thirty-seven was employed as a dressmaker. Having several children to support she frequently overworked herself; beside suffering much from anxiety. This induced almost constant headache from which she had been unable to obtain relief, although she had taken much medicine. At times of the year when she was not very busy she had little of this pain, but as soon as she began to overwork again it would return. The pain was felt mainly across the brows, extending around behind the ears, and causing stiffness of the muscles of the neck.

The eyeballs, especially the left one, were sore, and felt as if too large for their sockets. The same sensation of too great bulk extended to the brain, and there was a feeling as if the top of the head would fly off, from the pressure upwards. During these attacks she was very low spirited, and had frequent thoughts of self destruction. Her appetite was feeble, but digestion was good and bowels regular. She took *Cimicifuga* in the twelfth trituration, on my advice, for several weeks. It cured her headache, and restored her naturally good spirits; and I understand she has had no return of the trouble now for upwards of a year.

I had a patient for several years, who at intervals of two or three months would indulge in a spree. He never drank himself into delirium tremens, but he was a confirmed dipsomaniac, the liquor inducing deep depression of spirits with fear of dissolution, but never going on to mania. When he had been drinking for four or five days he would come around to my office the most abject specimen of humanity I ever laid my eyes on; but a few doses of *Cimicifuga*, second decimal trituration, would soon set him all right.

In the treatment of mental disorders it is one of our most valuable drugs. It is recommended by Sir James Y. Simpson, and my own experience is concurrent, in the treatment of women, who, during pregnancy and after confinement, suffer from great mental disturbance, sometimes amounting to actual mania.

"In eight or ten days she was altered and changed in a marvellous degree, but all for the better. On the third or fourth day, she informed me that the cloud of misery which had been darkening her existence suddenly began to dissolve and dispel, and in a day or two more she felt perfectly well again in gayety, spirit and energy."—*Simpson*.

The condition is one of profound melancholia, with indifference and suspicion to those about her, appre-

hensiveness as regards herself, and obstinate insomnia. If this last symptom be present, *Cimicifuga* will generally cure cases of melancholy, no matter what the cause; and even when the disorder arise from some incurable disease, it is, at least, palliative.

It is useful in those depressed states following the prolonged or excessive dependence on stimulants and narcotics. In delirium tremens, I should not very well know how to get along without it. It not only restores the mental balance, relieves the muscular tremors, and overcomes the persistent sleeplessness but it also reaches the gastric symptoms, and corrects the tendency to ganglionic degeneration.

Cases of delirium tremens call for *Nux vomica*, *Hydrastis*, and *Cimicifuga*, or *Belladonna*, *Stramonium*, and *Hyoscyamus*. With these six remedies, and mainly with the first three I control all cases. *Nux vomica* is the best antidote to free alcohol in the blood, and will often if given in drop doses of the fluid extract, half hourly, completely neutralize the effects of acute alcoholism. When the weight of its poisonous effects fall upon the digestive organs, and gastritis is the prominent symptom, *Hydrastis*, in drop doses of the tincture, every hour or two, will quickly relieve. *Cimicifuga* is of use when erethism is the most prominent symptom. The other three remedies are of value of the various forms of raging mania, the selection depending upon the objective symptoms.

Cimicifuga is beneficial in chorea, whether uterine, rheumatic, purely psychical, or arising from cold or fright. It is of undoubted value in all cases of chorea that are aggravated by the emotions, at the menstrual period, or are caused by suppressed menses, provided there is more or less melancholy and insomnia. I should hardly be inclined to put much trust in *Cimicifuga* unless these latter conditions were present. I had a case of this kind in a young girl, who at every menstrual nixus was seized with an irresistible desire to

gesticulate. This lasted usually from five to seven days, and was accompanied by sleeplessness, irritability, and despondency. *Cimicifuga* in the second trituration, four or five doses a day, relieved her at once, and cured the choreic tendency in two or three months.

Cimicifuga does not reach actual ganglionic lesions, and where the tremors and involuntary movements are caused by structural changes, it will be useless. It is not, therefore, available in epilepsy, except in what is called uterine epilepsy. Nor is it useful in puerperal convulsions, nor in any form of periodic convulsions non-choreic in nature.

The spasms of hysteria, when not caused by actual displacement of the womb, are easily controlled by this remedy. In fact, in many of the conditions of delicate, hysterical women, there is more or less sleeplessness, nervous mobility, incessant talking, and she feels grieved and wronged. Under these circumstances *Cimicifuga* is remedial.

It is not indicated in neuralgia confined to any particular nerve or region, as is true of so many drugs, though it seems to affect the left side the most.

Enfeebled dermal enervation, frequent in those whose nervous system has been weakened by long illness, evincing itself in cold night sweats, coming on about three o'clock in the morning, and lasting sometimes through the forenoon, is greatly benefited by *Cimicifuga*, in a low potency.

ANOPHTHALMOS.

BY

F. PARKE LEWIS, M.D.,

Buffalo, N. Y.

[Read before Amer. Hom. Ophthalmological and Otological Soc.]

The absence of eyes in the newborn is of sufficient rarity to warrant a record of such instances as may be observed. A young unmarried girl was delivered at the Buffalo Homœopathic Hospital of a female child, during the winter of 1880. Nothing had occurred during pregnancy of

unusual import, except a fall in the fourth month, which was not severe and which excited no apprehension in her mind. She was rather a sensitive girl, however, and felt keenly the disgrace of her position. The child was born after a normal labor and without accident. On the second day, as the child had not opened the eyelids, Dr. Wright, the attending physician, requested the writer to examine the orbits. The palpebræ were found rolled upon themselves and almost filling the orbital cavity. The left bulbus, deeply situated in the cavity, was about as large as a small pea. It appeared to consist simply of a globular enlargement of the optic nerve, and was apparently immovable. No differentiation was evident in the constituent coats, the cornea and sclera being composed of a pinkish tissue, covered with congested mucous membrane. The right bulbus was somewhat more fully developed. It was, perhaps, as large as a small bean, the united iris and cornea gave rather a bluish appearance to the anterior portion of the globe which was continuous with the pinkish tissue of which the other embryonic bulbus was composed. The recti muscles, though rudimentary, were present, and slight motion was possible in every direction. The great toe on either foot was very wide and flat, and was divided throughout half its extent, giving the appearance of six toes on each foot. The head and arms were eczematous and the child was very feeble. No syphilitic history was admitted, although the diathesis was evident. The child was taken from the hospital the next day, and died within a few weeks.

BISMUTH IN OBSTINATE DIARRHŒA.

BY

HERMAN SMITH, M.D.,

Ramsgate, Eng.

Case I. Miss — has been spending her summer at a farm-house near Ashford. Here the w. c. was in a

garden, in sight of the residence, which made it annoying to my sensitive patient to go there. She was, therefore in the habit of delaying the necessary evacuation as much as possible. On her return in October she had a severe attack of dysenteric diarrhœa in consequence. Oct. 24, I made my first visit, she was then passing many fluid motions, day and night, mixed with blood and slime. There was great tenderness on pressure at the left extremity of the transverse colon, and in the course of the descending colon, with constant pain in the same situations, greatly increased at intervals. These symptoms continued as long as blood and slime were parted with, clearly proving the existence of ulceration of colon. The dysenteric symptoms slowly gave way under Colocynth, Mercurius cor., Podophyllum, and Ipecac, but blood and slime did not entirely cease to be passed until November 5. From this time there were about a half-dozen dark feculent evacuations in the twenty-four hours, many being passed involuntarily. There was also frequent ineffectual urging. Since the cessation of the dysenteric symptoms Arsenicum, Veratrum, and China, with an occasional dose of Ipecac were given. I now gave *Bismuth*, and, as it is so strongly recommended by Dr. Yeldham to be given in massive doses, I prescribed two grains every four hours.

Nov. 13.—The effect of *Bismuth* has been most striking. Instead of seven there have been only two motions in the last twenty-four hours; but they remain liquid.

Nov. 14.—For the first time since the commencement of the illness there were masses of solid faecal matter mixed with the evacuations, of which there have been three. All tendency to diarrhœa ceased on 16th.

The above mention of Dr. Yeldham reminds me that in 1871 I attended with him, at Lewisham, an obstinate case of gastrodynia, which rapidly improved under *Bismuth*,

given in several grain doses of the crude substance.

Case II. This patient was a boatman, of temperate habits, but a great smoker, which he discontinued by my advice. He got *Nux vomica*, *Belladonna*, *Arsenicum*, *Colocynth*, *Carbo vegetabilis*, and *Phosphorus*. The *Phosphorus* relieved him, but he suffered a relapse in a few days, and he continued to get worse for six weeks, in spite of *Aconite* and other drugs. The pain was constant, increased after eating. I gave *Bismuth* 3, which completely and rapidly cured him.—*Hemæopathic World*.

THE STATE AND THE MEDICAL PROFESSION.

In my judgment the intervention of the State in the affairs of the medical profession is to be justified, not upon any pretence of protecting the public, and still less upon that of protecting the medical profession, but simply and solely upon the ground that the State employs medical men for certain purposes, and, as employers, has a right to define the conditions on which it will accept service. It is for the interest of the community that no person shall die without there being some official recognition of the cause of death. It is a matter of the highest importance to the community that in civil and criminal cases the law shall be able to have recourse to persons whose evidence may be taken as that of experts, and it will not be doubted that the State has a right to dictate the conditions under which it will appoint persons to the vast number of naval, military, and civil officers held, directly or indirectly, under the Government. Here, and here only, it appears to me lies the justification for the intervention of the State in medical affairs. It says, or should say, in my judgment, to the public: 'Practice medicine, if you like; go to be practiced upon by anybody;' and to the medical practitioner: 'Have a qualification, or do not have a qualification,

if people do not mind it; but if the State is to receive your certificate of death; if the State is to take your evidence as that of an expert; if the State is to give you any kind of civil, military, or naval appointment, then we call upon you to comply with our conditions, and to produce evidence that you are, in our sense of the word, qualified. Without that we will not place you in that position.' As a matter of fact, that is the relation of the State to the medical profession in this country. For my part, I think it an extremely healthy relation, and it is one that I should be sorry to see altered, except in so far that it would certainly be better if greater facilities were given for the swift and sharp punishment of those who profess to have the State qualification, when, in fact, they do not possess it. They are simply cheats and swindlers, like other people who profess to be what they are not, and should be punished as such.—*Prof. Huxley, in the Nineteenth Century.*

ABSTRACTS.

TREATMENT OF VASCULAR TUMORS WITHOUT OPERATION.—Florini (Allgem. Hein. Ined. Zeit.) has recently treated six cases of telangiectasis with sublimate collodion (15 per cent. solution). The collodion is put on in four layers by means of a camel's hair brush, each layer being allowed to dry thoroughly before the next is applied. On the fourth day the edges are raised and a second series of four applications are made, this being repeated every fourth day until the swelling disappears and the edges are depressed. After the crust falls off the place seems depressed and reddened, but soon resumes its normal color. This treatment is painless and requires only one or two months to cause an angiomatic tumor to disappear.—*The Practitioner.*

HERPES AND PNEUMONIA.—A contemporary tells of a case of left-sided

acute pleuro-pneumonia now in St. Mary's Hospital, which developed an outbreak of genuine herpes zoster of the left lower side of the chest. In this regard it recalls an instance very like the above, which Fernet recorded in the *France Medicale*, No. 32, 1882. A lady was attacked simultaneously with acute lobar pneumonia of the right lower lobe, with herpes of the palate and throat, of the nose, of the right side of the chest, corresponding to the eighth intercostal nerve, of the last phalanx of the middle finger of the left hand, and finally of the external genitals. The pneumonia lasted six days; the herpetic vesicles dried up in fourteen. Fernet is inclined to regard this form of pneumonia as a "herpes" of the lung, due to a lesion of the "trophic" nerve, which function resides with the vagus. The frequent occurrence of naso-labial herpes on the same (not always) side as the lung-lesion is of interest in this connection.—*Homœopathic World.*

DOCTORS ON MARRIAGE.—Dr. Clifford Allbutt, in a recent address, says: "In matters of wider hearing—in the larger social and political questions—we shall do well, as Bacon says, "not to usurp a kind of dictature in sciences, nor with over-confidence to pass censure upon matters in doubt, nor to give way to peremptory fits of asseveration." All professions, not one only, tend to put on the priesthood, if not checked by conflicting authority; to give themselves airs, in short. A doctor's one idea being very properly a sound body, he proclaims that, if he were king, no members of a family tainted with consumption or insanity should marry; as if the frail tenements which held the spirits of Keats, or of Elia, of Arthur Hallam, or of W. K. Clifford, bore not freights more precious than a wilderness of cricketers. To come nearer home: Addison was one of the ablest teachers the art of medicine ever knew; now Addison was bred of insane blood, and died by his own

hand. Who are we who pretend that we can lose such lives as these, or who deny that their genius drew any quality from the instability of their blood? Our answer to questions of this kind is to point out the dangers clearly, and wherein they lie, or increase; but not to claim alone to bind or loosen, nor to measure all things with our own foot-rule. Even in lower matters, where we see more clearly, as in sanitary questions, we cannot drag people blindfold."

THE MODERN UTERUS. — Our mothers never knew that they had such things as wombs, only as they were reminded of it by the struggles of a child in it, and, by the by, if a fœtus accidentally got there, they always held on to it until nine months, when they were compelled to give it up. But, it seems that in these days, young women can't get along without having their wombs set, braced, scraped, slashed, cut, scarified, skewered, cauterized, and the Lord knows what else, and, if a baby manages to find lodgment there it is teased with a knitting-needle until it gladly leaves its abode for more satisfactory quarters.

The womb is a little harmless organ stowed away in a very secluded place, but in these days we have a class of men who are known as gynæcologists, who make this organ their special study, and the modern woman has loaned her uterus to these men for the good of science. It is awful easy to introduce a speculum and pretend to discover something, but possibly it would be better to regard the uterus in its old light. — *Mass. Eclectic Med. Jour.*

BOARDS OF HEALTH. — There is to be a movement all along the line this winter for boards of health to regulate physicians. It will be successful in most States, and I think likely in Ohio, and physicians will take notice

and set their houses in order. I, with others, have honestly opposed this legislation, because we believe in the largest freedom in this as in other things. It is true that freedom sometimes leads to license, as it has in this case. Within the past twenty years a multitude of mushroom medical colleges have sprung up, for the sole purpose of selling diplomas, and, strange to say, the trade has been active and lucrative. Boards of health will kill these leeches, and to that extent they will do a good work. I confess that I am tired of the fight, and I do not care to be considered as the champion of all this nastiness. Let "vitopathics," mesmerists, health doctors, electricians, *et id omne genus*, sit in their own dirt and fight their own battles. If a reasonable bill is presented to the Ohio Legislature this winter, with a fair homœopathic and eclectic representation, we will offer no objections. The bill will doubtless take the form of the Illinois, Missouri and Minnesota laws, and the matter of medical education will soon be regulated by a concerted action of these bodies. And yet I believe that entire freedom is the most desirable state, and that in a half century people will come to this conclusion. But we take things as we find them, and to get rid of objectionable people, diploma selling and other ills, we will suffer the bonds, and probably come out the better for the purgation. — *Eclectic Med. Journal.*

DYSPNŒA AFTER COUGH. — Dr. Thos. Skinner reports the following interesting case in the *Homœopathic World*: A lady wrote me, "I am going to ask you to do something for our pet cat. She has a fearful cough, sharp and hard, which seems to give her great pain. She stretches herself flat out on her stomach whenever the cough comes on, and for a long time after a bout of coughing you can see her breathing as if it were very hard for her to do so. These attacks of cough followed by difficult breathing

come now and again during the day, and they have lasted now for some weeks, getting the longer the worse, and the poor animal seems to dread it." I had no difficulty in "spotting" the remedy—*dyspnœa after cough* is characteristic for *Arsenicum*—indeed so perfect a keynote is it in pertussis, and asthma in general, that I have little hesitation in stating that in ninety-nine cases out of one hundred if *dyspnœa after cough* is a regularly marked symptom *Arsenicum* is bound to cure or greatly ameliorate the patient's suffering. On 1st December, 1883, I sent "puss" one small powder of *Arsenicum* 50 m. (F. C.) with directions to place it dry on her tongue. On December 10th the lady wrote: "Thank you so much for Pussy's medicine, she has not coughed once since she took it, and looks a different cat."

A MODEL CERTIFICATE.—The following medical certificate is on file in the Pension Office, at Washington, and is a sample:

"The braud muscle which compresses, lowers and extends the linea alba, the muscle of expiration is entirely severed thereby affecting the scorbutus cordi, which goes straight up to the navel or umbilicus, and from thence down to the pubis, which is evidently the primordial cause of the frequent abscesses of the scrotum. Also from the fact of increased attachment necessarily causes increased cicatrix which is constantly increasing, and hence the increase of all the detrimental symptoms."

LIFE IN NEW YORK.—Society will forgive in the wife almost every condition but that of fertility! Sterility in the wife no longer makes her a "reproach among women"; she in this condition becomes the "bright particular star," "the glass of fashion" and the mould of form, the observed of all observers." Natural sterility in her is socially forgiven. So is even

artificial sterility; so also is the prevention of conception by many of the most familiar methods. The destruction of "conception" is not unforgiven; but the imprudent victim of fertility is the victim of the quiz-glass, of the social smile, and the shoulder shrug! Births are infrequent indeed under such *régime* and under such circumstances; and, added to such facts, the increased cost of living in a family where fertility prevails, induces many of the poor to avoid all natural additions to the family circle. Sterility is fostered, encouraged, even socially admired; and, as a result, the deaths exceed the births by about 39 per cent.

The prize of \$5,000 offered by the French Academy of Medicine for a cure for diphtheria was demanded at their last meeting by all sorts of people, among whom were a glass maker, a machinist, an iron founder, a hotel keeper, and a Justice of the Peace; two women applied for it, one a lawyer's wife, and the other the wife of a veterinary surgeon. One man proposed that the diphtheritic patient be beaten until he expelled the membrane, and another that he be exposed to scarlatina as a counter irritant. There were several who wanted their expenses paid to Paris so that they might explain the method of cure, and a large number who refused to disclose the secret before receiving the \$5,000. No one had found the infallible remedy.

The Glasgow *Medical Journal* describes an electro-magnet having a power to raise upon its point a weight equal to six ounces. It has been used successfully in cases where workmen in iron and steel have been severely wounded by flying chips, and the writer says that such instruments must henceforth become an essential part of the apparatus of ophthalmic surgeons.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor :

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors :

Prof. S. P. Burdick, E. M. Hale, E. C. Franklin,
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood. Drs. G. N.
Brigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millsbaugh, Mrs. J. G.
Brinkman, Mrs. Julia H. Smith,

Our columns will always be open to a courteous and
fair discussion of all subjects connected with our practice,
as much as our space allows; but we do not hold
ourselves responsible for the opinions of our contributors,
unless indorsed in our editorials.

SUBSCRIPTION, \$2 per year, in advance. For accommodation
of subscribers, this journal is not discontinued until an order
is received to that effect.

Remittances may be made by Post Office order,
check or inclosed in a Registered Letter, at our risk.

A. L. CHATTERTON PUB. CO.,
New York.

EDITORIAL.

*It nevertheless remains an eternal truth,
that the State has no right to prescribe a medical
creed to any man.*—COUNT ZEDTWITZ,
of Vienna.

At the close of the present volume
the name of this journal will be altered
to THE AMERICAN HOMŒOPATHIST.

* * *

WE would have been glad to reproduce
all the speeches at the commencement,
and Alumni dinner of our New York College.
Unable to do that, we give the one most
likely to interest the general reader. When
Helmuth rose to speak, the tumultuous
cheers, with which he was greeted, emphasized
the affection in which he is held by his
students and colleagues, old and young.

WE have expressed our mind in the
last few numbers of the AMERICAN
HOMŒOPATH in regard to State Medicine
in terms which we intended should have
no uncertain meaning. Since our last issue
we have seen an article by Prof. Huxley on
this subject in the *Nineteenth Century*, for
February, which so thoroughly coincides
with our own views, that we reproduce
it, in part, in the present number.

* * *

THE determined efforts being made
in the various States to prevent, by
legislative enactment, the free practice
of medicine, even by those who have
been adjudged competent in some sister
State, is the beginning, if successful,
of an intolerable tyranny. Already in
some States the license granted in another
State is ignored and defied. The object
of these laws, whatever it may ostensibly
be, is not to crush out medical ignorance
and professional dishonesty, but to create
class privileges limited to certain elect.
The law has a right to prevent a man
from committing a fraud. As for instance,
passing himself off as legally qualified
when he is not. But the law has no right
to interfere with a man who honestly
admits his lack of scholastic training;
when the results of his work are
satisfactory to those who employ him.
We are sorry that any one should be
willing to take upon himself so grave a
responsibility without adequate preparation.
We are sorry that the moral and intellectual
tone of the community should be so low
as to make the services of such a man
acceptable. But the remedy is not by
legislative enactments.

THE COMMENCEMENT SEASON.

HAHNEMANNIAN SOCIETY.

The Hahnemannian Society of the New York Homœopathic Medical College, held its twelfth annual Commencement, in the amphitheater of the college, on the evening of March 12, 1884. The address of the evening by Dr. George M. Dillow was worthy of the occasion and of the man; and was listened to with pleased attention by an audience which crowded the room until the walls almost bulged. The "Prognosis" of Wilcox, of '84, and the "send off" by Fulton, of '85, as well as the address by President McKensie, were all accepted with tokens of satisfaction by the members and their assembled friends. The College Glee Club furnished the music, and the diplomas of the society were conferred with due solemnity upon the fifty-three new men of '84. This association serves a useful purpose and we are glad to note its continued prosperity.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The commencement exercises of the New York Homœopathic Medical College were witnessed by an audience, which filled Chickering Hall, on the evening of March 13, far beyond the seating capacity of this beautiful auditorium.

The arrangements were perfect, and from opening march to benediction everything moved on with that serenity and smoothness which, as a well-seasoned commencement-goer, we have learned so much to prize. The introductory address by Prof. Timothy F. Allen, the dean of the college, in a few well-chosen sentences, gave the *raison d'être* for the existence of the college, and its special and peculiar claims upon the believers in Homœopathy. Hon. Salem H. Wales, as President of the Board of Trustees conferred the degree in medicine upon fifty-three gentlemen who had successfully passed the final examina-

tions. Prof. F. E. Doughty presented, on behalf of the faculty, the prizes. The first prize, for the highest average standing in all departments, consisting of an elegant and complete office cabinet of medicines, was awarded to Dr. C. H. Helfrich, Jr., of New York. The second prize, fifty dollars worth of medical books, was won by Dr. C. F. Smith of Connecticut. The junior prize, presented by the Hon. Salem H. Wales, for the highest standing in all the junior studies, and consisting of a 'Helmuth' pocket case of instruments, was given to Mr. Nathaniel Robinson, of New York. The following men of the class '84 were mentioned as having been especially proficient: H. G. Hanchett, W. S. Miner, H. W. Paige, D. N. Rây, and F. H. Sage. The address to the graduating class, by Rev. William M. Taylor, D. D., was a plain, homely talk on the motives and aims which should inspire a doctor's life. The valedictory was somewhat out of the usual rut and was very gracefully delivered. The valedictorian—Dr. W. S. Bigelow—compared the careers of Luther and Hahnemann, and showed in how many points they were similar.

The college term thus brought to a pleasing conclusion has been one of the most successful ever inaugurated. The class has numbered one hundred and seventy, and of those who came up for examination, the censors speak in terms of warm praise. The college curriculum is being gradually extended, and new features are promised at the next session. There is need of hospital facilities, less remote than Hahnemann Hospital, or Ward's Island, and it is to be hoped that in the near future the college may be able, through the generosity of its friends, to provide all needful accomodation in the vicinage.

THE ALUMNI DINNER.

The second annual meeting of the Alumni Association of the New York Homœopathic Medical College was held at the Hotel Brunswick, imme-

diately after the commencement exercises. One hundred and thirty-six names were added to the roll of membership. In response to a letter from the Board of Trustees of the College, inviting the Association to recommend one of the alumni to the Board for election as an Alumnus Trustee, W. M. Pratt, class of '61, was chosen.

The Constitution was amended so as to provide for an executive committee of eleven, (instead of five as heretofore). This committee to comprise the President, Corresponding and Recording Secretaries, Treasurer and Alumnus Trustee *ex officio*, together with six others elected by the Association.

The Corresponding Secretary gave notice of the death of Dr. D. Walton Burnett, class of '83.

The following are the officers for the ensuing year :

President, Selden H. Talcott, class of '72.

First Vice President, W. L. M. Fiske, '64.

Second Vice President, J. H. Bufum, '73.

Third Vice President, H. C. Brigham, '72.

Corresponding Secretary, Charles Deady, '76.

Recording Secretary, Malcolm Leal, '79.

Treasurer, J. R. Hoffman, '83.

Executive Committee.

Geo. S. Norton, '72.

Martin Deschere, '73.

F. J. Nott, '77.

Geo. G. Shelton, '83.

J. L. Moffat, '77.

D. Simmons, '73.

After the business meeting, the members of the Association, together with the officers of the College and invited guests, numbering in all about two hundred persons, assembled in the banquet hall of the hotel, where the annual dinner was served.

The dinner, an elegant affair, was under discussion for some two hours. At one o'clock, President Pratt rapped for order and said : Gentlemen,

it would be cruel to ask you to partake further of the good things provided by mine host of the Brunswick, but I now desire you to give attention to a dish, which our distinguished colleague, Dr. George S. Norton, has provided for your entertainment ; it is called tongue-on-toast garnished with brains." Prof. Norton, in rising to assume the duties of toastmaster, spoke of the value of occasions like this to bind together the members of the profession in a feeling of brotherhood and fellowship. The several toasts and the names of the gentlemen who responded to them are given below.

I.—SAMUEL HAHNEMANN.

And lo ! Ben Adhem's name led all the rest.

—*Leigh Hunt*

Drank standing and in silence.

II.—OUR ALMA MATER.

'Tis education forms the common mind ;

Just as the twig is bent, the tree's inclined.

—*Pope.*

By Timothy F. Allen, M.D.

III.—THEOLOGY.

I do live by the church ;

For I do live at my home, and my house doth stand by the church.—*Shakespeare.*

By the Rev. William Lloyd.

IV.—LAW.

For pity is the virtue of the law,

And none but tyrants use it cruelly.

—*Shakespeare.*

By ex-Gov. Chamberlain.

V.—MEDICINE.

A physician may sometimes parry the scythe of death, but has no power over the sand in the hour-glass.—*Mrs. Thrale.*

By Prof. S. P. Burdick, M.D.

VI.—A MESSAGE FROM OUR ALMA MATER.

By Prof. Wm. Tod Helmuth, M.D.

VII.—THE OLD GRADUATES.

His head was silvered o'er with age,
And long experience made him sage.

—*John Gay.*

By W. L. M. Fiske, M.D.

VIII.—THE YOUNG GRADUATE.

The twig shall yet become a tree.

—*Maurice of Nassau.*

By Charles Francis Adams, M.D.

IX.—THE DUTY OF PATIENTS.

But when ill indeed,
E'en dismissing the doctor don't always suc-
ceed.—*Geo. Colman.*

By Judge Cowing.

X.—MEDICAL SPECIALISTS.

Our science only will our genius fit,
So vast is art, so narrow human wit.—*Pope.*

By Judge Calvin.

XI.—WOMAN IN MEDICINE.

Amid this mighty fuss, just let me mention,
The rights of woman merit some attention.
—*Burns.*

By Prof. J. W. Dowling, M.D.

XII.—OUR RETIRING PRESIDENT.

The best of Prophets of the Future is the Past.
William M. Pratt, M.D., and
Selden H. Talcott, M.D.

So ended the old year and entered
the new. That it may be a prosper-
ous one to the College, and to each
and all of its graduates, the AMERI-
CAN HOMŒOPATH will ever most
earnestly pray.

THE COLLEGE JOURNAL.

The Class of '85 has decided to
begin the publication of a college
periodical in October. At a meeting
of the class held on Commencement
Day, the following editors were
elected: Managing Editor, E. H.
Porter; *Materia Medica*, F. S. Ful-
ton; *Surgery*, E. De Baum; *Practice*,
J. A. Fren; *Pædology*, D. R. Atwell;
Alumni Notes, M. J. Hall; *Hospital*
Notes, W. E. McCune; *Business*
Manager, F. R. S. White. The pro-
ject has the approval of the Faculty,
and will undoubtedly prove a source
both of diversion and instruction.

CORRESPONDENCE.

VACCINATION IN CHICAGO.

DEAR DOCTOR WINTERBURN: I
venture to solicit the insertion of a
few facts relative to the City of Chi-
cago, taken from the official Report of
the Health Department of that City,
for the years 1881 and 1882, now be-
fore me.

According to this Report, the small-

pox mortality of Chicago for the last
thirty years (the population having
increased from 252,000 in 1868, to
560,000 in 1882) has been as fol-
lows:—

Years.	Small-pox mortality.
1851-60	109
1861-70	778
1878-80	1,479
For the year 1881 ..	1,180
“ 1882 ..	1,292

Thus concurrently with the almost
universal Vaccination of the popula-
tion, with a resort by wholesale to
Bovine Virus, small-pox has increased
at an alarming rate. In the face of
the above admission of the utter im-
potence of Vaccination, or Vitulation,
to prevent small-pox, it would be in-
credible to find in the same report
the audacious assertion that, prior to
the advent of the fatal epidemic of
1881-2, “our citizens had been effi-
ciently protected by methodical
house-to-house Vaccination” did we
not know that, out of nine officials of
the Board of Health, no less than six
are physicians.

So much for prevention. That
Vaccination has equally failed to
mitigate the disease is proven by the
admission that the average death rate
of patients, treated at home and in
the Hospital, was 37 per cent., a death
rate exactly double that recorded by
Jurin, Duvillard, and other compe-
tent observers, during the last centu-
ry, when all were unvaccinated.

Cobbett said, “quacks have always
one shuffle left,” and thus we find the
Medical Officer of Health attributing
the increase of small-pox amongst his
“efficiently protected citizens” to
the influx of unvaccinated foreigners;
a theory contradicted by his own
facts, for he states that out of 2,062
cases treated in the Hospital, 1,009
were emigrants from England, Scot-
land, Ireland and Germany; the best
vaccinated countries of Europe, nine-
ty five per cent. of whom had, doubt-
less, before landing on American soil,
been vaccinated.*

* All of them were vaccinated on ship-
board, in transit.—G. W. W.

If the Health Department of Chicago was not dominated by influence and intrigue, it would find in the Report of Dr. DeWolf, a rational explanation of the increase of small-pox; for he says (page 5):—"Such has been the addition to the population, that our tenement houses and cottages, and barn lofts, have filled with human beings far beyond any sanitary limit. If Chicago is to receive an accession of 50,000 souls yearly, packing them, as at present, in unsewered districts below the street level, on ground saturated with moisture and organic filth, the penalty will surely appear in some devastating epidemic."

These are pregnant words. Has not the warning already appeared, indicating that if a devastating epidemic is to be averted, no reliance must be placed on Vaccination, but a prompt resort must be had to the Sanitary Engineer and Scavenger, who must remove the causes of small-pox and all other zymotic diseases, viz., filth and pollution of every kind, prevent over-crowding, and supply to every house and tenement an abundance of light, pure air, and water—Nature's grand and unfailing prophylactics against disease.

WM. YOUNG.

114, Victoria Street, London,
February 1, 1884.

LITERATURE.

Prof. Gradle, of Chicago, presents in a convenient form the present state of knowledge in regard to the growth within the human body of microscopic parasites.¹ Whatever deductions may be drawn from the presence of these fungi, a work like this, which puts us in possession of all the recent facts published, mainly, only in German periodicals, is of value, which we are glad to recognize. We have never been impressed with the

value of Pasteurism, but we are glad to know what our colleagues on the other side of the Atlantic are doing, and have read this book carefully and with interest.

Dr. Brigham, of Grand Rapids, is known to all readers of the *American Homœopath* as a careful and trustworthy clinician. His little work on catarrhal disorders has been for some time out of print, but now appears, enlarged and improved, in a new edition.¹ It deserves to stand in every doctor's library on the same shelf with Berjeau on *Syphilis*, Bell on *Diarrhœa*, and Bernard on *Constipation*.

Dr. Donaldson has revised a former essay on Practical Gynæcology, and the revision was well-deserved and might have been still further extended, and now issues it in part, under a new title.² Well wishers of the author will regret that he had not given the time to put his work into better shape. The multiplication of books is undesirable unless the authors have something new to say and are equal to saying it well.

Prof. Pitzer, of St. Louis, issued in the early part of last year a compact little treatise on the uses of electricity in medicine and surgery. In a few months the edition was exhausted. This has enabled him to bring out a second edition, thoroughly revised and considerably enlarged.³ Prof. Pitzer has furnished his readers with a clear, practical and comprehensive review of all that is well settled in this important department of therapeutics. To those who desire to increase their

¹ *Catarrhal Diseases of the Nasal and Respiratory Organs*. By G. N. Brigham, M. D. Second edition, 12 mo., pp. 112. (New York: A. L. Chatterton Publishing Co.)

² *A Treatise on Uterine Displacements*. By S. J. Donaldson, M. D. Second Edition Revised, 8 vo, pp. 83. (Boston: Otis Clapp & Son).

³ *Electricity in Medicine and Surgery*. By Geo. C. Pitzer, M. D. Second Edition. 8 vo. pp. 138. (St. Louis).

¹ *Bacteria and the Germ Theory of Disease*. By H. Gradle, M. D. 8 vo. pp. 219. (Chicago: W. T. Keener).

knowledge of electrical appliances, and their application to disease, we most cheerfully and heartily commend this work.

Prof. Underwood has added one more to the number of our works on materia medica.¹ The purpose of this book is to furnish, if practicable, a guide to the selection, not of the drug itself, but of the appropriate potency. All work in this direction is to be encouraged, and we therefore commend Dr. Underwood's thesis to the thoughtful attention of Homœopathists. There undoubtedly exists a law of differential potency, and if Dr. Underwood has solved this vexed questions as to the proper dose under any given circumstance, he deserves high rank among our therapeutical authorities.

Wood's library of standard medical authors is continued for 1884. In our last number we spoke in terms of high praise of this valuable series of works. The January issue is the third volume of Tidy's lectures on forensic medicine²; that for February is Milton on Gonnorrhœa, of which we shall speak further in our next issue.

Dr. Hoppin has arranged in a very acceptable manner, information in regard to the hospitals, dispensaries, colleges, medical charities and medical laws of Philadelphia. To this is added a list of all practitioners in that city, both alphabetically arranged, and also by streets. It is well printed and makes a handy and useful volume.³

¹ *A Materia Medica of Differential Potency.* By B. F. Underwood, Ph. D., M. D. 8 vo. pp. 215. (New York: A. L. Chatterton Publishing Co.).

² *Legal Medicine.* By Charles Meynott Tidy, M. B., F. C. S., Vol. III. 8 vo. pp. 321. (New York: William Wood & Co.).

³ *The Medical Directory for 1884.* Edited by Samuel B. Hoppin, M. D. 12 mo. pp. 205. (Philadelphia: P. Blakiston, Son & Co.).

We have received two useful publications from Messrs. Fowler and Wells. The new edition of their excellent manual of healthful cookery will be a welcomed visitor in many homes.¹ Dr. Alcott's work on the effects of tea and coffee on the human system has already had a wide sale, and in this new edition is again made accessible to the reading public.²

We are indebted to Prof. Chas. J. Lundy, M. D., for his address before the American Health Association on School Hygiene; to Prof. E. C. Franklin, M. D., of St. Louis, for a pamphlet on Spinal Curvatures; and to Mr. Pady, for the Report of the Melbourne Homœopathic Hospital, 1883.

We are also indebted to our esteemed colleague, Dr. William Jefferson Guernsey, of Philadelphia, for two pamphlet Repertories, one on *Hæmorrhoids*, and the other *Desires and Aversions*. Both are neatly printed and bear evidence of painstaking in their preparation, but we must protest against this unnecessary abbreviating of drug names. Where space is a matter of utmost importance everything is sacrificed to crowding just as much into a square inch as possible. But where this is not necessary, abbreviations are an offense against the dignity of language. In this case a ragged and inelegant looking page is presented, while attention to this not unimportant detail would have changed it into a really handsome one. Besides many of the abbreviations are actually obscure as to the drug indicated. Go through a graduating class in any of our colleges, or the membership of a county society as for that, and how many would solve at sight

¹ *The Hygienian Home Cook Book, or Heathful and Palatable Food without Condiments.* By R. S. Trall, M. D. Fifth Edition. 12 mo. pp. 72. (New York: Fowler and Wells).

² *Tea and Coffee.* By Dr. William A. Alcott. 12 mo. pp. 118. (New York: Fowler and Wells).

the following conundrums? Coc ca, Ka car, Che ma, Me j. f., Ab can, Hydrph, Ast ru, So t. a., or Wiesba. So both as to appearance and usefulness the work is marred without reason. Now while we are scolding we might just as well free our mind completely on this subject of chopping up words unmercifully. Many doctors in speaking clip off the last syllables of words, as *Zanthox* for *Zanthoxylum*, *Kali bich* (sometimes called *bitch*), for *Kali bichromicum*. This is rank villainy. A word is a living entity. It has a right to an unmutated existence. Especially when these words represent scientific ideas, and are the nomenclature of a learned profession, should they be carefully guarded from vandalism. Our language is a rich heritage, which we hold in trust, and we are bound in justice to hand on to coming generations unmarred and undebased.

ITEMS.

Penman's hand paralysis can be greatly remedied by using an all-wood penholder and Easterbrook's turned up point pens.

A contemporary mentions a case beyond the ordinary oculist; it is that of a young lady who, instead of a pupil, has a professor in her eye.

When one patent medicine will cure so many diseases, it is not understood why druggists keep so many kinds of medicines.—[*N. O. Picayune*.]

Reading with the teeth closed, for two hours a day, is said to cure stammering.—*N. Y. Med. Times*. Yes, and cause follicular pharyngitis.

A one-half pound box of Homœopathic pellets will be sent free to any applicant mentioning this journal by addressing Mr. Wm. Timis, Paterson, N. J.

Faith is sometimes personified as a drenched female clinging to a sea-washed rock; but a better personification would be a bald-headed man buying a bottle of patent hair restorer.

Laying-on-of-hands Cure. Myriads of boys have been cured of infirmities in this way,—laying-on-of-hands, sometimes slippers, or other convenient objects—and but very few boys possess sufficient bottom to withstand such treatment.

Hontzdale, Clearfield County, Pennsylvania, population ten thousand, has no Homœopathic Physician. There is said to be a demand for one. Address Rev. C. W. E. Siegel.

A recent work on medical treatment during convalescence and in wasting diseases, speaks in high praise of the beneficial and tonic action of Phillips's Digestible Cocoa, when regularly taken in place of any other hot beverage at meals.

"*The Eclectic Medical Advocate*" is a new candidate for professional favor. The editor is Dr. Joseph A. House, to whom we extend our most cordial well-wishes. The journal is published at 126 Fifth ave., New York, at one dollar and a half a year.

The Eclectic Magazine continues to furnish an unrivalled selection of good reading. In the March issue are articles by Herbert Spencer, Richard Proctor, Sir Saml. Baker, H. R. Haweis, Tennyson, Browning, Swinburne, and a half-dozen others.

Dr. C. M. Lindley, Brooklyn, Ind., says. "I have given Horsford's Acid Phosphate a trial in mental and physical exhaustion, nervousness, diminished vitality, and in convalescence from typhoid fever. It has more than realized my expectations."

After all the elaborate studies made in Germany to enable medical men to differentiate the normal from the so-called criminal brain, Prof. Bardleben is forced to decide that even "the shape of the normal brain has by no means as yet been determined."

We have received and read with very great pleasure several recent copies of *The Platonist*, an exponent of philosophy, edited by Thos. M. Johnson, of Osceola, Missouri. It is a monthly magazine, published at \$2.00 a year, and we think that such of our readers as are interested in philosophic thought will find it, as we have done, a rich feast.

The Century magazine has been noted for its superior elegance and excellence from the first; but it grows steadily better. The illustrations in the last two numbers are exquisite specimens of engraving. It would seem that the ultimate possibility had been reached, and further improvement impossible. But, who shall measure the capabilities of the *Century* Company?

Cerebro-Spinal Meningitis.—*Physicians' and Surgeons' Investigator* reports a severe case of cerebro-spinal meningitis. Ears of corn were boiled, wrapped in cloth and packed about the patient. Profuse perspiration soon ensued and the patient recovered. The corn was given to a white pig. In the morning the pig was dead and "turned perfectly black." The reader may draw his own conclusions. It is hoped the author's veracity will not be questioned.

THE AMERICAN HOMŒOPATH.

NEW YORK, MAY, 1884.

HINTS ON THE DIAGNOSIS OF PERIPHERAL NERVE LESIONS.

BY

CHAS. PORTER HART, M.D.,

Wyoming, O.

Of the numerous symptoms resulting from nerve-lesions, there are three or four which deserve special attention, and ought always to be borne in mind, as they will be found, more frequently than the others, to serve as reliable guides to the true seat of the lesion. We refer especially to *pain*, *spasm* and *paralysis*.

1. *Pain*.—Whenever a patient complains of *pain* in any part, no matter what may be its situation, or what the character of the tissues in which it appears to be located, we may be certain that it arises from irritation of the nerves supplying the part; although the source of irritation itself may be, and often is, quite remote from the seat of suffering. Thus pain between the scapulæ often arises from gastric and intestinal disorders; pain in the region of the right shoulder is a common symptom of liver disease; and in the knee is often caused by irritation or inflammation of the hip-joint. Some cases are more, and others less prominent than these, but in every instance we may be sure that the pain, if felt in peripheral or superficial branches, may be traced back to its source, either in some congested or diseased organ in the line of its course, or in the great nervous center from which the trunk of the nerve is derived. Hence, the more perfect our knowledge of nerve distribution may be, the more readily will nerve-lesions be detected and their phenomena satisfactorily explained. Again, *unilateral pains*, or those confined to one side of the body, usually depend on lesions seated on the *same side*, instead of diseased conditions of the central nervous system; while *symmetrical pains*, on the

other hand, are especially characteristic of *central lesions*. A knowledge of this simple fact alone will often prove a valuable aid in diagnosis.

2. *Puncta Dolorosa*.—Valleix has pointed out certain tender points or spots, seated in the course of the affected nerve, which are present in most forms of neuralgia, and which are characteristic of that affection. These tender spots are generally found to correspond to the points where the nerves penetrate fibrous fascia, or where they make their escape from long canals. Thus, in *neuralgia trigemini*, the tender points are the supra-orbital notch, the inner angle of the orbit, the junction of the nasal bone with the cartilage of the nose, the mental foramen, and a spot immediately in front of the ear. Again, in *cervico-occipital neuralgia*, we have a tender spot where the great occipital nerve escapes between the mastoid process and the first cervical vertebra; another, where the great auricular and small occipital nerves approach the surface, just behind the mastoid process; and a third where the occipital and great auricular nerves meet over the parietal protuberance. Sometimes, also, there are tender spots where the auricular nerves meet on the concha of the ear, and at the point of exit of the cervical plexus in the middle of the neck. The sensitive points in *intercostal neuralgia* are located in three different places: first, close to the vertebral column or over the spinous processes of the vertebrae corresponding to the affected nerves; second, in the middle of the intercostal space, about half way between the spine and the sternum; and, third, at a point in front or by the side of the sternum. *Neuralgia of the diaphragm* is distinguished by the points of tenderness which are found to exist near the origin of the phrenic nerve, close to the spinous processes of the third, fourth, and fifth cervical vertebrae;

over the nerve, at the point where it enters the supra-clavicular fossa; and at the anterior insertions of the diaphragm, between the seventh and tenth ribs. *Crural neuralgia* is diagnosed by points of tenderness at the exit of the anterior crural nerve below Poupart's ligament; at the place of exit of the saphenous nerve through the fascia lata; at the inner side of the knee joint, where the nerve divides; on the inner side of the foot, and over the tuberosity of the big toe. In *sciatica* or *femero-popliteal neuralgia*, the points most sensitive to pressure are usually situated at the sacro-iliac articulation, the sciatic notch, and just behind the great trochanter. Other tender points are sometimes found along the course of the nerve, especially at the back of the thigh, over the head of the fibula, and at the external malleolus. An intimate knowledge of these tender points is important, not only for the purpose of identifying the affected nerves, but for readily discriminating between purely neuralgic pains and those of a simple rheumatic or myalgic character.

3. *Spasm*.—We shall not dwell upon this symptom, as the remarks already made concerning the diagnostic character of *pain*, apply with equal force to *spasm* or *convulsions*. These phenomena are sometimes of central, but more frequently of peripheral origin, the seat of irritation being in afferent or sensory branches of some nerve or nerves, which is reflected through efferent branches to the muscles convulsed. Thus, as we often see, spasms and convulsions frequently result from the irritation of the maxillary branches of the trigeminus in dentition, from intestinal irritation, and from traumatic lesions of cutaneous branches in the limbs and other parts of the surface.

4. *Paralysis*.—*Paralysis*, however, affords the best and most conclusive evidence of nerve-lesions, since the effect is generally more direct than is the case in spasms or convulsions, which are for the most part

of a reflex character. Being the immediate result of destruction or pressure, the parts affected generally afford an easy and sufficient guide to the lesion, so that however complicated its phenomena may appear to be, it seldom requires any thing more than a thorough knowledge of anatomy to explain them. This is well illustrated in paralysis of the ocular muscles, where the nerve-distribution is such, that, if the superior oblique muscle of the orbit is paralyzed, so that the patient is unable to turn the eye downward and inward, we know at once that the trochlear nerve is paralyzed; if a convergent squint is noticed, and the eye can not be turned outward, we are equally sure that the sixth or abducens nerve, must be at fault; and if the eye is so fixed as to be immovable in every other direction, it is equally plain that the motor-oculi nerve is paralyzed, since it is the motor nerve which supplies all the muscles of the eyeball, except the superior oblique and the external rectus.

PYELITIS—INFLAMMATION OF THE PELVIS RENALIS.

BY

THEODORE KAFKA, M.D.,

Karlsbad.

Pyelitis is very often caused by stones in the pelvis renalis (pyelitis calculosa), and also by ammoniacal decomposition of the urine, in strictures of the bladder, paralysis of the bladder, cystitis, hypertrophy of the prostata, etc. Abuse of sharp diuretics can also occasion pyelitis. Pyelitis appears in a series of cases secondary as an effect of general diseases, as, for instance, of the typhus, of the acute exanthemas, pyæmia, puerperium, diphtheritis, cholera, carbunculosus, scurvy, etc. It develops itself also sometimes in the course of gravidity. Catching cold can also be a possible cause of pyelitis. (Rosenstein.) The pyelitis is often combined with an inflammation in the

kidneys, if stones of the kidneys are the cause (pyelonephritis). Acute catarrhal pyelitis characterizes itself not always by pains in the region of the kidneys, which radiate (beam forth) along the ureters toward the bladder and by feverishness (agitation of fevers), which sometimes begins with an attack (fit) of chill, whereas the contents of mucus, pus and blood in the urine is a constant and considerable (important) symptom. If also the characteristic epithelia of the pelvis renalis, which are placed one over another, are found in the urine, the diagnosis gains by it full surety. Numerous crystals of triple-phosphates and bacteria are still added to the albumen mucus, etc., in pyelitis, which is caused by the stowing (stasis) of urine and consecutive ammoniacal decomposition. Single cells of pus and epithelia are not to be distinguished; on the contrary the feverish and nervous (uræmic) symptoms step in the foreground. The latter consist of headaches, fancies (delirium), coma, vomiting and diarrhœa, etc. The purulent quality of the urine can at certain times make place to an entirely clear, normal urine at the pyelitis effected by ischury, if the ureter of the sick side is obstructed by a concrement and the other is sound. The pyelitis can, *per se*, end with the death, if it becomes chronic, by either fever or marasmus. Moreover, there is given in the extension of the process over the kidneys and the neighborhood of them, in the formation of abscesses and the perforation of the abscess to certain directions, etc., a sum of very menacing symptoms—absolutely deadly eventualities. The prognosis is favorable of the idiopathic pyelitis in the intermittent fever (Kaltenbach). In the secondary forms the possibility of healing depends on the fundamental disease.

My father, Dr. James Kafka, recommends in his work (*Die Homœop. Therapie auf Goundlage der Physiol. Schule*, Gotha, 1865), if the pains are not violent, Belladonna or Atrop.

sulph. If the pains are dull and the fever not very vehement, and if at the same time the urine is bloody, Mercurius solub. 3 or Pulsatilla 3; if the quantity of the purulent mucus is considerable, Hepar 3 will render good service. In the chronic form of this disease, which is about always caused by stony concretions, Lycopodium, Clematis 3-6, Natrum mur. 6 and Pulsatilla 6 are indicated on account of the diminution of the irritation effected by it on the mucous membranes of the ureters, and withal because of the excretion of a mucous (slimy) and putrid urine. If much matter (pus) goes away with the urine, and if the patients are falling away always more, Phosphorus 3-6 is indicated to 2-3 doses daily. The diet must be a strengthening one. Bæhr recommends in his therapy, besides, Cantharis. In the chronic pyelitis, Karlsbad has an especially favorable effect as I have had already ample occasion to test. The baths there co-operate also very favorably.

The cases which I had occasion to observe were caused partly by uric concretions, partly by strictures of the urethra. One case was particularly interesting. This was a Mecklenburgian from W., who had ordered also, as urologist, the celebrated Prof. Bartels, at Kiel, to examine his urine. This gentleman showed microscopically numerous tile-like, laying one over another plate-epithelia, uric crystals and purulent corpuscles. I was obliged to confirm this visum repertum. He complained also of very severe pains in the region of the kidneys. But the patient had scarce used the cure for three weeks. He was an inn-keeper and accustomed to a very opulent life; but I had restrained his diet, without however, weakening him, and ordered him to drink *only* Sprudel, two cups every morning (the hottest spring of Karlsbad, with a temperature of 59° R.*). At last, he got about very agile, complained himself not more of pains in the region of the

kidneys and of the perineum. Neither the above mentioned epithelia, nor purulent corpuscles, nor uric crystals were found at the microscopic examination. The urine showed only a very little sediment. After five weeks the patient, who had been before a great hypochond, but hariat became later very sociable, and had sent a friend, who had the same complaint, to come also, departed home, very pleased where I consulted him, to abstain still for three weeks from working at his trade, to enjoy the sea-air frequently and to take warm sea-baths. I hear that he and his friend, who used also the cure at Karlsbad, are now very well.

FRACTURED CERVIX WITH HYPERPLASIA OF THE UTERUS AND NECK.

BY

GERSHOM N. BRIGHAM, M.D.,

Grand Rapids, Mich.

Mrs. P——, aged forty, nervous sanguine temperament, has been an invalid for many years. Complains now of weakness about the loins and hips, aggravated when much about on her feet. Her stomach is irritable, digestion poor, and occasionally suffers from nausea. She also has palpitations, headaches, spinal irritation, faint feelings even well nigh to swooning. She has great dread of being left alone, and has not allowed her husband to leave her more than for a few moments for years. She is easily moved to tears, and cries whenever her condition is spoken of by her husband or by herself. Her menses are malodorous and very dark. She is troubled with constipation and sleeplessness. Is wearing a pessary, and has been treated by several old school physicians. Removed the pessary and forbid its use. Examination showed that the cervix had been ruptured back to internal os. Lips of the wound swollen and everted. Marked retroversion with uterine hyperplasia. Gave one dose of sulphur,

100 M, and ignatia 30, to be taken at bedtime. Slight improvement from the first. Give kreosotum two days before menstrual nixus sets in. Better color and odor. Next period appears all right. Hyperplasia has not materially changed, although better in many ways. Give symphoricarpus 3, three times a day, and use 2nd centesimal lotion of Mercurius cor. topically. Eight weeks since began treatment, and patient is nearly well, except the fractured cervix.

INTESTINAL OBSTRUCTION.

BY

WILLIAM A. ALLEN, M.D.,

Flushing, Long Island.

Mrs. B——, seventy years of age, used a sewing machine for a few moments on the afternoon of December 6th, 1883. Soon after she complained of a "crampy" sensation in the epigastrium. The pain was not severe. On the following day, Friday, she used an enema of warm water, which was followed by a small stool. The pain continued at intervals, and she drank two-thirds of a bottle of citrate of magnesia, thinking that if she could have a satisfactory stool it must be relieved. Feeling no better on Saturday, I was asked to see her, and did so at 2 P.M. She complained of a griping pain in the epigastric region, aggravated after eating or drinking. There was vomiting of ingesta after taking food or drink. The pulse was 64, with a tendency to intermit. The abdomen on the left side was much swollen and tense; on the right side nearly normal. The greatest "elevation" on the left side was at a point two and one-half inches below the umbilical line, and two and one-half inches to the left of the median line. There was slight soreness on pressure. She said the swelling was first noticed on Friday evening. There was no hernia. The skin was normal. Facial expression good. Rectum empty. Temperature, 98.6. Alternated Nux

cc. and Valentine's beef juice every hour.

Saturday, December 8th, 8 P.M.—The swelling was found to be increased, and the whole abdomen was tense and tympanitic. The vomiting and pain were marked. The colon was found to be empty. Temperature, 99; pulse, 120. Same treatment continued.

Sunday, December 9th.—Dr. F. E. Doughty saw Mrs. B—— at ten o'clock. I suggested the use of the aspirator, and he plunged a No. 2 needle into the abdomen at the most prominent place. The needle penetrated to the depth of one and one-half inches. Three pints of brownish liquid and much gas were taken away. The swelling subsided. No marked dullness remained. Treatment continued. At 5.30 P.M. the pulse was 120 and full; temperature, 98.7. Had a comfortable day; no nausea; pain much better; skin and facial expression good.

December 10th and 11th.—Patient was reasonably comfortable. Some abdominal swelling. Same treatment.

Wednesday, December 12th, 9 A.M.—The pain, vomiting (fæcal) and abdominal distention prevented her from sleeping. Pulse, 120, feeble; temperature, 99. Had taken only a little nourishment. The circumference of the body, two and one-half inches below the umbilicus, was thirty-five and five-tenths inches. I aspirated at the place of the greatest swelling, left side. The needle became stopped very soon after its introduction, and it could not be satisfactorily cleared by reversing the current, so I was compelled to make three punctures. Aspirated a large quantity of gas and some fæcal-colored liquid. Immediately after the operation the contents of two "white" seidlitz powder papers were put in two-thirds of a goblet of water; the solution was thrown up the rectum, and was followed by a solution containing the contents of the two "blue" papers. The patient was told to retain the enema. It is

only necessary to say that she couldn't. Bell. cc. every four hours; milk, beef juice.

5.30 P.M.—The patient said she had had a very comfortable day. No pain; no vomiting; circumference, 34 inches; no tenderness; pulse, 100; temperature, 99.2. Medicine and nourishment continued.

Thursday, December 13th.—Mrs. B—— began to pass flatus at 7 P.M. on the evening of the 12th, and the action continued for some minutes. It was followed by two copious semi-liquid stools.

During the three weeks following she had one or two stools each day. Was up and dressed in a few days after the aspiration. There was no peritonitis or other trouble from the insertion of the needle. She was thoroughly herself again.

On January 4th, 1884, Mrs. B—— died very suddenly from an old heart trouble, but her death was not in any way due to intestinal lesions. Dieulafoy advises puncture in these cases. Brinton suggests the use of the seidlitz powders, but so far as I know, the two *combined* have never before been used. When a bottle of champagne is to be opened the wire holding the cork is cut, and thereby the "pressure" which holds the cork is taken away. The cork is started and the wine flows. In these cases of obstruction I do not doubt but there is an undue pressure above the seat of the trouble which tends to prevent the bowel resuming its normal condition, and if this be removed by the use of the aspirator, and a force as of gas be placed below the occlusion, I believe that, be the closure due to intussusception, twist, or even possibly to constriction, it can be more easily overcome by the use of the aspirator *and* the seidlitz powder injection than by either alone.

Dr. Joseph H. Pulte, one of the pioneers of Homœopathy in the West, and one of its most efficient and successful advocates, died, at the age of seventy-three.

APOPLEXIA OF THE TYMPANUM.

BY

W. H. WINSLOW, M.D.,

Pittsburg, Pa.

[Read before the Amer. Hom. Ophthalmological and Otological Soc.]

There is a physician living in Allegheny county who has reached the age of seventy-four years in a good state of preservation. His form is nearly erect, his movements are active and energetic, his eyes are bright and show little arcus senilis, his voice is strong and musical, his face is little marked by the cares of life, and were it not for his snowy hair and whiskers, one would suppose he was about fifty years of age. He was reading in his library one Sabbath afternoon and his grandchildren were looking out of a window of the room above his, when suddenly a dark object obstructed the light momentarily and a little child passed the window and struck upon cruel iron bars and stones below, lacerating the face and bruising the body terribly. The doctor sprang from his chair in great alarm, carried the child into the house, and assisted by another physician, performed the professional duties necessary. He watched the patient carefully all day, and comforted by his gentle ministrations and appropriate remedies. The suddenness of the catastrophe, the shock to the doctor's refined sensibilities, and the anxiety and fatigue incident to the occasion, told heavily upon his reserve force and depressed him much. He stole away from the bedside of the sleeping sufferer during the evening, took an easy chair in his library, and essayed to divert his mind by reading. While perfectly quiet and comfortable, he felt suddenly a powerful rushing as of water in both ears, attended by loud rumbling and great deafness. He was alarmed, but watched the phenomena coolly and did not make any violent movements. The rushing and noise ceased soon, the right aural meatus became wet,

and the doctor found it was discharging bright red blood freely. The discharge continued in moderation all night, and the next day the doctor consulted me. The right meatus was full of dark clotted blood, retained by cotton. When this was removed, the membrana tympani was found opaque, yellowish, distorted, and torn along its anterior border, which was the seat of an old, large, thin cicatrix. The tympanum was full of clots; when they were removed, there was a steady flow of bright blood from some unseen vessel of the cavity. The Hw. = $\frac{2}{60}$; the fork was heard well; the posterior half of the membrane was immovable, and the handle of the malleus was adherent to the promontory. The mucous membrane of the tympanum was pale and atrophied, and rather insensitive to touch; there was no inflammatory reaction in the torn membrane, and the Eustachian tube opened freely to inflation. The left ear had the membrane intact, opaque, gray, injected, depressed and adherent in the posterior half. The anterior part was moveable on inflation, but the stapes was ankylosed, and the Hw. = $\frac{6}{60}$ only. The doctor was in his normal condition otherwise, and I concluded there would be no danger in arresting the hæmorrhage. I cleaned the ear thoroughly, dropped in a solution of acetate of lead, packed the meatus with cotton, and gave Hamamelis internally. The second day there was still a little oozing, and I applied a solution of nitrate of silver, packed with cotton as before, and gave phosphorus. Slight oozing continued several days longer and then ceased, and I cleaned the ear and powdered it with boracic acid to correct a little irritation and fetor. A pellet of cotton was kept in the meatus several weeks, the perforation diminished gradually in size, the membrane gradually extended along its torn edges and closed the opening, and the Hw. was raised to $\frac{6}{60}$. I was surprised to see such recuperative energy in such an old man,

and could only account for it by my knowledge of his phenomenal vitality. Hæmorrhages from the tympanum are generally due to rupture of the membrane, fungoid or malignant growths, severe ulcerations, mechanical injury, and fracture of the temporal bone. None of these causes were present except the rupture of the *membrana tympani*, and this was not the source of the hæmorrhage, nor was it of a character to account for it. Taking into consideration the cause of the attack, the symptoms of auditory congestion from an apparent paresis of the local sympathetic nerves, the suddenness of the onset, and the profuse discharge of blood, I think I am warranted in considering the case one of apoplexy of the tympanum. The sudden congestion ruptured a degenerated vessel and struck at the integrity of the ear, probably preventing by the free discharge of blood an intra-cranial lesion. We have apoplexia of the brain, cord, lungs, liver, kidneys, etc., and I now add to the list that of apoplexy of the tympanum.

THE MECHANISM OF SIGHT.

BY

A. B. NORTON, M.D., O. ET. A. CHIR.,

Asst. Surgeon, New York Ophthalmic Hospital.

In order to understand the method through which images are formed upon the retina, we must first look briefly at the general anatomy of the eye. The eyeball is nearly spherical in shape, and about one inch in diameter. It is set in a bony orbit, and freedom of motion is permitted by a cushion of fat on which it rests. It is moved by means of six muscles attached to its surface. The eyeballs are protected by the lids, which are lined with soft mucous tissues.

The form of the eyeball is retained by a dense fibrous membrane termed the *sclera*, which forms the posterior five-sixths of the eyeball, and by its strength form without rigidity. The

sclera is toughness, and elasticity, it gives continued forward in a transparent structure of equal density, the *cornea*, whose function is to admit the light and at the same time to refract it, so as to assist in forming the image. Running across from the circle of junction of the cornea with the sclera, is an opaque colored plate called the *iris*; in its center is a round hole, the pupil; the function of the pupil is to admit, and at the same time regulate the amount of light. The next coat within, is the *choroid*, which consists almost wholly of a vascular network, with immense pigment cells; the function of the choroid is to quench the light as soon as it has done its work of impressing the retina, and it also affords nutrition to the outer layers of the retina, and the structure within. Arising at the point of union of the sclera, cornea, and iris and running backwards to the choroid, is the *ciliary muscle* which is the principal agent of accommodation.

The *retina* within consists of receptive nervous elements, which passing through the optic nerve, convey impressions of light to the brain. The eyeball thus described is filled with refractive media, as transparent as the finest glass. Immediately behind the iris, and in contact with it, is found the *crystalline*, which is a double convex lens, about one-third of an inch in diameter, and one-sixth of an inch in thickness, elastic and easily yielding to pressure. In front of the lens, we find the aqueous humor, which is but little more than slightly saline water. The posterior chamber behind the lens, is filled with a transparent, glassy substance, about the consistence of soft jelly, called the vitreous humor. The eyeball, then, may be regarded as consisting essentially of two distinct portions:

1. A nervous expansion, the retina, specialized for responding to light vibrations.

2. An optical instrument, the lens apparatus, placed in front the retina, and specially arranged to make the

impressions of light strong and definite, by means of an image.

The further explanation of the way we see, is best done by comparison with some optical instrument, and for this purpose we will select, as Le Conte has so ably done, the photographic camera. 1. The camera is a small dark chamber, open to light only in front, to admit the light from the object to be imaged. It is darkened inside to prevent the light from being reflected on to the image, and in this way spoiling it. As no light must fall on the image except that which comes directly from the object, so the eye is also a very small dark chamber, open to light only in front, and lined with dark pigment, to quench the light as soon as it has done its work of impressing its own point of the retina, and thus prevent reflection and spoiling of the image. Both camera and eye form their images by means of a lens or a system of lenses. In the image formed by a simply ordinary lens, all the outlines of figures are found to be slightly edged with *rainbow hues*, this is called *chromatism* and is due to the unequal refraction or dispersion of the colors of ordinary sunlight, the white impression of which is formed by the mixture of many colors. In art this dispersion is corrected by combining a plano-concave with a convex lens, which at the same time does not neutralize its refraction. Such a compound lens is called *achromatic*. The lenses of the eye are apparently corrected in a similar manner. The eye consists of three lenses; the aqueous lens is convex in front and concave behind; the crystalline lens is bi-convex the vitreous is concave in front, and, as its outer convex surface is in direct contact with the screen to be impressed, it cannot be regarded as a refracting surface, so the vitreous may be considered as a plano-concave lens.

Thus we have here also a combination of different lenses, of different curvatures, different refractive, and probably different dispersive pow-

ers, for the same purpose, viz : correction of chromatism.

Aberration, an excess of refractive power for the marginal portion as compared with the central portion of a lens. This defect can only be corrected by increasing the refraction of the central portion of the lens, and this may be done by either increasing the curvature of this part, or increasing its density. It is by the former method that art makes the correction. But, it is apparently the second method or perhaps both that nature has adopted, because the crystalline lens increases in density and refractive power from surface to the center, the curvature also increases slightly.

Adjustment for light. Both the camera and the eye require a proper regulation of the amount of light. In the camera we have brass plates with holes of various sizes, which may be changed and adapted to the intensity of the light. In the eye the same end is reached, in a far more perfect and beautiful manner, by means of the iris, which contracts and dilates involuntarily according to the intensity of the light.

Adjustment for distance. This can be performed only in two ways, 1st., the lens remaining unchanged, the screen must advance or recede with the image; 2nd, the screen remaining the same, the lens must be changed so as always to throw the image on the immovable screen. In the camera the first is used; when the object comes nearer, the tube is drawn out so as to carry the ground-glass plate further back, and vice versa. In the eye the retinal screen remains immovable, and the lens changes its form so as to throw the image to the same place. According to Helmholtz we adjust the eye to near objects by contractions of the ciliary muscle.

We have so far spoken of the eye as purely an optical instrument, but in order to understand the real function of the eye, vision, we must now study the structure and function of the retina, or the sensitive plate on

which the image falls. The thickness of the retina varies from one-hundredth to one three-hundredth of an inch; yet under the microscope this delicate membrane has been subdivided into ten layers, but for the purpose of this paper I shall speak of the retina as of only two layers. The outermost layer, in contact with the choroid, composed of cylindrical rods and larger cone-like bodies, arranged like pencils set on end, is called the bacillary layer or layer of rods and cones. The innermost layer, next to the vitreous humor is composed of five interlaced fibres of the optic nerve, and is called the fibrous layer. Light is known in physics as a movement which is propagated by successive waves in the elastic ether distributed through the universe, a movement of the same kind as the circles which spread upon the smooth surface of a pond when a stone falls on it. These light waves penetrate through the refractory media and through the retina until it reaches the outer layer of rods and cones; these are specially organized to respond to or co-vibrate with the undulations of light. These vibrations are carried to the fibrous layer by slender threads which connect each rod and cone with a fiber of the fibrous layer, then through the fibers of the layer to the optic nerve, and along the fibers of the nerve to the gray matter of the brain, where they cause changes which emerge into consciousness as the sensation of light.

Perception of Color. Different colors have different rates of vibration, and there must be corresponding vibrations of retinal elements. According to the theory brought forward the forepart of this century, by Thomas Young, there are three kinds of rods or cones which vibrate with different rates for the three primary colors of Young; one kind responds to the slow vibrations of red, another to those of green, and still another to the more rapid vibrations of violet. Intermediate colors

produce vibrations of two kinds, white light of all kinds of rods. Very recently Stanly Hall has proposed the theory that color is received by the cones alone, and that different parts of the same cone vibrate with different degrees of rapidity, and therefore respond to different colors. The color-blind do not see some colors as colors at all, and the defective colors are usually red, or red and green.

The cause of color-blindness is of course a defect of retinal structure; either the rods or cones corresponding to the color not seen are wanting, or, by Hall's theory, the cones are so shaped as not to respond to the color wanting. Some quite recent authorities claim that the perception of color may be restored by early and systematic training of the eyes. We have been speaking thus far of the *emmetropic*, or normal eye. The eye, however, is not always a perfect instrument, the defects of which are myopia, hypermetropia, presbyopia and astigmatism.

Myopia, or near-sightedness, is where the focus for distant objects is not on the retina but in front of it, and therefore the eye is longer than the focal distance of its refractive media. This defect is one that in the majority of cases is easily recognized, and is remedied by the use of *concave* glasses of just a sufficient power to correct the excess of refraction, and throw the image of distant objects back to the retinal screen. As a rule glasses must be worn habitually.

Hypermetropia is the true opposite of myopia. In these cases the refractive power of the lens is not sufficient; the focus falls beyond the retina and, consequently, the eye is shorter than its focal distance. This defect, contrary to myopia is not readily recognized by the general practitioner, because the patient may have good use of the eyes for both distant and near vision, and still there may exist a relative hypermetropia which is continually causing the tired, strained feelings of the eyes, the constant

headaches, or the annoying reflex symptoms for the relief of which the physician is wondering why his prescriptions do not act. This defect like the other is remedied only by the use of the proper glass, which in these cases is *convex* and usually required to be worn for near vision alone.

Presbyopia consists in a loss of power to adjust for near objects, or a recession of the near point, and is probably due to a loss of the elasticity of the lens. It is not, like myopia and hypermetropia, a structural defect, but rather a functional defect from old age. Its focus of parallel rays is on the retina, and not in front or behind it. This condition usually appears at the age of forty or forty-five, and, like hypermetropia, is corrected by *convex* glasses for near vision.

Astigmatism is where there is a different refraction in different meridians of the eye. There may be different degrees of either myopia or hypermetropia existing in the same eye, or either be present in one meridian and enmetropia in the other, or they may both be found existing together in the same eye, one meridian being myopia the other hypermetropia. Astigmatism is a refractive error productive of more disturbance, and is more difficult to correct, than either of the others. One may obtain an idea of this condition by looking through an imperfect window-glass at the distorted objects.

Astigmatic errors are corrected, according to the case, by either cylindrical, spherico-cylindrical or bi-cylindrical lenses, and should be worn continually.

ECZEMA.

BY

PROF. LOUIS DE V. WILDER, M.D.,

New York.

Thomas Blakely, aged 64, dark bilious nervous temperament. Occupation, blacksmith. When fifty years

of age was taken sick with typhoid fever and was sick ten weeks, then had a relapse. Was treated by an allopathic physician. The morning after the relapse the left leg commenced to swell from the body down the whole length. During the first ten weeks he took a great deal of medicine. As soon as the relapse set in Dr. Alonzo Clark was called in consultation and he pronounced the swelling to have been caused by a blood clot having formed in the left inguinal region, about the size of a large hen's egg and oblong in shape. He wore a rubber ball over the swelling to make pressure, and also bandaged the left leg through its whole length for two years, when a watery eczema appeared from the knee to the top of the foot, accompanied by severe itching and redness of the skin. He received all kinds of treatment and lotions. His leg was bandaged from the knee down to his foot, and sticking plaster worn under the bandage, when I first met him in July, 1883. The leg was very much swollen and the itching continued, together with redness of the skin, and great difficulty in walking. I prescribed Hepar sulph. 200, and Rhus tox. 200, four pills night and morning. At the end of four weeks a great improvement had taken place. The swelling was much less, also the itching. In place of the moist eczema there was a dry desquamation. The ulcers found at first were healing, and more mobility of the limbs. I now dropped the Hepar and gave in place of Rhus, Graphites, 200. This prescription was continued two months, when the leg became perfectly healed, except one point about the ankle, where it was a little swollen, and discharging a little limpid serum, for which I gave him *Silicia*, 30, once daily, for four weeks. After that I gave him *Sulph. 200*, once daily.

Dr. J. H. McDougall has removed to *The Tacoma*, corner Lexington avenue and Soth Street.

ANCIENT NOTES ON CONVALLARIA MAJALIS.

BY

RICHARD E. KUNZE, M.D.,

New York City.

The lily-of-the-valley, for the past two years, at most, has attracted the general attention of the medical profession as a new (?) remedial agent. And while manufacturing druggists are straining their optics in the direction of the cardinal points of the compass, with a view of bringing to light some *new remedies*, when we come to study up some of their "finds," it is quite interesting to discover how very ancient indeed not a few of them seem to be. This most delicate of early spring-flowering plants, is indigenous to both Europe and Northern Asia, and is much cultivated in every temperate clime as a garden plant. When, on the twentieth day of May, the first bloom of some lilies-of-the-valley growing, in a modest corner of the garden back of my office, greeted my sight for the first time this year, some of the earliest recollections of my boyish strolls in the Thuringian vales and on forest-clad knolls, were vividly flashed before my mind again. And while contemplating, the thought struck me, that it would be an opportune time to write up an article in honor of this sweet emblem of innocence and modesty, a title which *Convallaria majalis* has earned for itself in the language of flowers. To the little I know about this lily-of-the-valley, I shall add much that was known to others centuries ago, if only to verify Solomon's saying, that there is nothing new under the sun. After briefly referring to the æsthetic and economic value of this plant, I will give the popular side of the question so far as it relates to its medicinal value, and lastly, refer to a number of ancient herbalists, whose bones for centuries have rested under the sod. For more than a year medical journals have eagerly snatched up every article relating to this supposed *new remedy*,

the same as a hungry dog would a bone without masticating, and still the hunger of our therapeutists seems not to be satisfied until everything shall be known about this agent. I shall soon expect to see them fight for the honor of having introduced so *old a remedy* into the New Continent, and I hope that no one will dispute the precedence of the most "Ancient of Schools" in that direction.

Convallaria majalis L. inhabits the copses of vales and shady mountain slopes. In Germany, where it is known as the May-flower, May-bell, etc., on account of its flowering in May, little peasant-girls may be seen coming into towns and cities every morning, offering baskets full of this sweetest of all the lilies, tied up in large bunches, at less than one cent a bouquet, which here in New York would cost from half to one dollar each in a glut market of flowers. Hundreds of thousands of roots of the lilies-of-the-valley (called "pipes" by cultivators) are annually imported into this country from the Saxon duchies, to be forced into bloom for the holiday trade. At such a time of winter a single spray of this flower sells at florists' establishments at from fifteen to twenty-five cents a-piece; but the plants are cultivated here, too, so that in some localities *Convallaria majalis* has escaped from the gardens and become naturalized, like any other foreign intruder. Poets have long sung the praises of this frail little plant, whose tiny, white, bell-shaped flowers adorn the forms of living as well as of departed friends.

"Ye lofter Lilies, bathed in morning's dew,
Of purity and innocence renew
Each lovely thought; and ye whose lowlier
pride
In sweet seclusion seem to shrink from view—
You of *The Valley* named, no longer hide
Your blossoms meet to twine the brow of
purest bride."

Barton.

Even the Bible mentions a plant under the same name in Solomon's Song ii. 1., where our Saviour graciously speaks of himself as "the

Lily-of-the-valley." But Callcott says that Solomon's lily was another—the jonquil (*Narcissus jonquilla*).

It is well known that the air of the valleys of Palestine is laden with the odors of fair lilies.

German folk-lore dedicated our plant to the goddess Astara, and the wearer of the innocent lily-of-the-valley was supposed to be lucky in matters of love. And lovely forms still wear the same emblem to this day. Dioscorides does not mention *Convallaria majalis*; yet Zwinger thought that the plant called *Ephemerum* in the former's Herbal, must have been our lily-of-the-valley. But neither the description of his plant, nor the properties which he assigns to it, make it the same.

Prof. Ritter von Perger, of the Imperial Library of Vienna, says that at a time when the poetical contemplation was on the wane, and the signature of medicine seriously engaged the attention of mother "Old School," and when quackery was dominant, the beautiful lily-of-the-valley ceased to be the chosen emblem of a goddess, and the signature of apoplexy, because "her flowers, like drops, hung downward."

The flowers plucked before sunrise and covered with dew were macerated in wine (malvasier), and the preparation was then known as the celebrated *Aqua Apoplectica Hartmanni*. It is also stated in Gudrio's *Signatura*, Tours, 1659, that all bell-shaped flowers, such as lilies-of-the-valley, are in sympathy with the head, and that they remove from the blood of the brain the gall, or heat-producing principle.

Dr. Krebel, in *Volksmedizin verschiedener Völkerstämme Russlands*, mentions that *Convallaria majalis* is used for epilepsy in Russia. A quart bottle is filled with the flowers, covered with liquid, and then macerated in the sun for one week. The bottle is refilled a second time, and both tinctures obtained are mixed. The dose is as many drops as the patient counts years, to be given in a spoon-

ful of table wine mornings, fasting, and in the evening. No food is to be used for an hour before and after taking the medicine. All fat, acid, and salted diet is to be avoided. If this procedure does not cure, then the same is to be repeated after one month. While time is nothing to a Darwinian philosopher, it is every thing to a speculator even of old and new drugs alike. In turning over the pages of some of the musty, worm-eaten vellums of my bookshelves, I was struck to observe what a cruel joke time had played our Old School friends, the moss-grown memories of some of whom could not be freshened into any new ideas. Bourbons that they are in medical bigotry, intolerance and practical innovations, it would be to their credit if they availed themselves of the mnemonic properties of *Convallaria majalis*. Their blissful ignorance of ancient therapeutics (no one accuses them of a knowledge of the modern) might then pass more readily into oblivion; and in a future paper I will give a few mnemonic formula of ancient date for just such fossilized dogmatics.

Dioscorides does not mention *Convallaria majalis*, but the Galenists were better acquainted with its properties. When that bombastic calomelism Paracelsus, who made his debut about the time of the discovery of America, introduced chemicals to the exclusion of many well-tried vegetable medicines, the lily-of-the-valley was again taken charge of and held in high esteem by the herbalists of later centuries. In the following works which are before me, occur many passages peculiarly interesting just now. For instance, in the *Kräuterbuch* of Joannes Cuba, printed at Strasburg, 1521, it is stated that *Lilium convallium*, or lily-of-the-valley, is of a cold and moist nature. The flowers are better than the plant, and the roots better than the blossoms. The flowers distilled with wine, and then mixed with a few peppers and lavender water, constitute an antidote for apoplexy. If the frontal and oc-

capital regions of the head are rubbed with this wine it begets sound reasoning.

In the *New Kræuterbuch* of L. Fuchs, Basel, 1543, it is claimed that the virtues of *Lilium convallium* are of a mixed nature. The plant has cathartic properties. The root is astringent. The flowers and leaves, which taste bitter, are discutient. A decoction of the roots held in the mouth banishes toothache. The leaves boiled in wine and applied to the parts, helps to discuss swellings. The juice of the flowers strengthens the heart, brain and liver. But the entire plant acts much the best for the same trouble. It is particularly useful in syncope, dizziness and epilepsy.

Herr von Bock's *Kræuterbuch*, Strasburg, 1580, also claims that the flowers are good for syncope, apoplexy, dizziness, epilepsy, colic, poison, weak heart and memory. The distilled water of the flowers, when applied to the eyes, removes inflammation.

D. Rembert Doctoens' *New Herbal*, London, 1619, describes the lily-of-the-valley under the name of *Lilium convallium* or May-lily, May-blossoms, etc., and he says: "They write that the water of the flowers of Lily convall, distilled with good, strong wine, and drunken in the quantity of a spoonful restoreth speech to them that are fallen into the apoplexy, and that it is good for them that have the palsy, and the gout, and it comforts the heart. The same water, as they say, doth strengthen the memory and restoreth it again to his natural vigor, when through sickness it is diminished. Besides this, they say also, that it is good to be dropped in against the inflammation and watering of the eyes."

Theo. Gwinger, in his *Theabrum Botanicum*, Basel, 1696, calls this plant *Lilium convallium album* or *L. convallium vulgo*. And he says there is also one with red flowers—*Lilium convallium flore rubente*, and another, the great May-flower—*Lilium convallium magnura* and *L. convallium*

Alpinum. The flowers contain a volatile salt, an oleo-balsamic property, and they are sharply bitter and stimulant. They strengthen the brain and nerves and constitute a good cephalicum. The roots are seldom used. Against the pains of podagra, Camerarius recommends the following: "A bottle is filled with the flowers of the lily-of-the-valley, well corked and then buried in an ant-hill. After remaining there one month, a thick juice, resembling oil, is found in the bottle, which is rubbed to parts affected with podagra. It is also applied to the abdomen for intestinal colic of children. It may also be applied to eruptions of the skin." Following in the wake of his predecessors, Gwinger recommends the distilled water of lily-of-the-valley flowers not only for the ailments already mentioned, but also as a good parturient, and vermifuge for children. He also prepares a confection of the flowers, to be used against weak heart, syncope, epilepsy and other affections. The quintessence of lily-of-the-valley is made by macerating the flowers with an essence of the same prepared a year previous, and known as spiritus Lil. convall. per fermentationem.

This latter is obtained from the flowers first fermented with the acid of leaven, and afterward distilled. Among other things, it is good for palsy and hypochondriasis, and it may be used both internally and externally. To crown all, he orders this quintessence to be used by certain husbands as an aphrodisiac. A few drops mixed with honey, and placed on the tongue, restores lost speech. (What a boon to gossiping society!) A few drops on cotton and placed in the ear, removes the ringing and buzzing of that organ, and cures deafness. He also orders preparations from the flowers to be made with whisky, wine, and vinegar. A cephalic snuff, containing many ingredients, is also spoken of. Quite a good many celebrated formulæ, used by certain counts and public functionaries, are then given, which, however, are too

lengthy for this paper. I should advise all dealers in nostrums to get a copy of Gwinger's *Herbal*, because there may be "millions in it." Dr. Gwinger enjoyed a position as regular professor in the University of Basel, Switzerland.

In Thomas Pancovius' *Herbarium*, Portatile, Berlin, 1654, it is stated that the temperature of the lily-of-the-valley is of a hot and dry nature. Among other things claimed for it, it will restore the poor quality of the milk of nursing women, and is said to be a good nervine in cases of tremulousness.

Robert Lovell's *Compleat Herbal*, printed at Oxford, 1665, confirms much of what has been said about *Lilium convallium*, which he calls lily-of-the-valley.

In *Weymarische's Artzney-Buch*, a kind of Thuringian practice of medicine, published in Leipsic, 1678, the flowers of *Lilium convallium*, prepared with wine, form the principal ingredient in a number of formulæ which are recommended for apoplexy, epilepsy and other diseases. Even Theophrastus and Plinius have been accredited with the recommending of lily-of-the-valley as a medicine.

But Pliny does not describe our plant at all. In the early days of printing and wood engraving, it was not an uncommon thing to have the wood cut of a plant belonging to another than the one described in the text, appear on the pages of a book. For similar reasons, *Hemerocallis*, a true bulbous plant, belonging to the *Liliacæ*, had been described as the lily-of-the-valley. Discarding all the authorities of the next two centuries, I will now relate what the people of Germany use lily-of-the-valley in domestic practice for. The dried flowers, rubbed fine like snuff, constitute a good cephalic in chronic catarrh. In action they resemble an errhine, causing sneezing. The dried flowers are nearly devoid of fragrance, resembling in this behavior the otherwise beautiful night-blooming cereus

(*C. grandiflorus*), which, like the convallaria flowers, does not impart its delicate odor to alcohol, nor retain its fragrance when dried.

Prof. Artus's "*Hand Atlas of Medicinal Plants*," Jena, 1876, quotes the flowers of convallaria majalis, as an officinal drug. He says that they contain an ethereal oil. Used as a snuff, they favor secretion of mucus from the membranes of the nares, and form an ingredient of Pulvis sternutatorius. The flowers are also employed against cramp of the bowels (colic). A vinegar of the flowers is used as a revivant in syncope, and as an embrocation. The extract is cathartic in action. The bitter, red berries, *Baccæ lilii convallii*, were used in epilepsy and intermittents.

According to Loudan, a beautiful and durable green color may be obtained from the leaves with lime. The extract prepared from the flowers and roots partakes of the bitterness and purgative properties of aloes. Cultivation has resulted in the production of a red-flowered variety, a double-white, a double-red, and a variegated leaved variety of convallaria majalis.

THERAPEUTICS OF DIPHTHERIA.

BY

GEORGE W. WINTERBURN, Ph.D., M.D.,

New York.

It is not my purpose to enter upon a discussion of the nature of Diphtheria, but it has occurred to me that perhaps a careful record of a number of *consecutive* cases of this disorder, as they have come up for treatment in the ordinary routine of a city practice, might prove of value. They have taught me the uselessness of prescribing for a disease by name, and the great value of the minor and usually unnoticed symptoms. This is a hard lesson for most of us to learn; it certainly was a very hard one for me. I present the cases just as they occurred, without any attempt to gloss over the errors com-

mitted. I should, with added experience, do differently now in many cases. These are not given, therefore, as samples to be followed; although, as they have proven instructive to me, I hope they may likewise help others. They are *bona fide* consecutive cases, without omissions or alterations, the record beginning in January, 1879. It is proposed to give in all about one hundred, and they will be continued through the successive numbers of the AMERICAN HOMŒOPATH until completed.

CASE I. Harry M—, a sprightly boy of nine years of age, a pale, delicate-looking child, but not subject to illnesses, had been away for the holidays, and returned home on Tuesday morning, January 7, 1879. On the following day he complained of headache, did not want any breakfast, was fretful and peevish, and toward mid-afternoon fell into a troubled sleep upon the lounge. In the evening he seemed better, so that no medical aid was thought necessary. I saw him for the first on the morning of the 9th; his temperature was then 103° F.; pulse heavy and 120; respiration 28; face somewhat turgid, skin, hot and dry. He complained of great difficulty in swallowing, the tonsils were swollen and tender, the pharynx dusky in color, and rather dry looking. There was no evidence of exudation, and I did not suspect the real trouble. I gave *Veratrum viride* 2 in water, a teaspoonful hourly, and expected to find him better in the evening. I did not, however; for though, at eight o'clock, the pulse was less heavy, neither temperature nor respiration had decreased, and the subjective symptoms were all aggravated. In addition, there was a clearly defined patch, oval in shape, and grayish in color, about the size of a five-cent nickel, on each tonsil. I now gave *Baptisia* 3, with a gargle of half-a-drachm of the fluid extract of the same remedy in a pint of hot water.

January 10th. The patches were, at 10 o'clock in the morning, much

larger than the night before, being now fully an inch long. The breath, however, was less putrid, and the temperature was slightly lower. The remedy was continued. In the evening, the temperature was 103° F., but the patches were no larger. Warm milk had been taken freely through the day, and in consequence the patient did not appear very much weaker than the evening previous.

January 11th. Not very much change was observable, except that the patches were beginning to soften. Temperature in the evening 102° F., pulse 100, respiration 24. The case slowly improved during the next forty-eight hours.

January 14th. The diphtheretic patches have now disappeared, but the pharynx still presents a very turgid appearance. Temperature, at four o'clock, 99.5° F. Voice quite husky, some albumin in urine. *Baptisia* was given steadily until the 17th, when the case was discharged cured. The following table shows the range of temperature, pulse, and respiration from January 9 to 16:

Date.	Temp.		Pulse.		Resp.	
	Morn.	Eve.	Morn.	Eve.	Morn.	Eve.
Jan. 9	103	103.2	120	115	28	28
" 10	102.6	103.	115	110	27	27
" 11	101.8	102.	105	100	26	24
" 12	101.	101.4	96	100	24	24
" 13	100.	100.5	90	94	22	23
" 14	99.	99.5	82	86	21	21
" 15	99.	99.	80	78	20	20
" 16	98.5	98.6	76	74	20	20

COMMENT. The *Veratrum* was a mistake, and a loss of valuable time. *Baptisia* was roughly Homœopathic to the case, and being used in a low potency, acted well from its general antiseptic power.

CASE II. Maggie McC., the seven year old daughter of a little shoemaker on 11th Avenue, near 26th Street, was taken ill on January 10th. I saw the case on the evening of the 12th, and it had then developed beyond the possibility of a mistake in diagnosis. The temperature was 104.6° F., and the pulse 140. The diphtheritic patches covered quite half the surface of the pharynx, and were

yellowish-gray in color. There was great prostration, and her answers to my questions were slow and uncertain. I gave Baptisia¹⁵, with a gargle of a half-drachm of the fluid extract Baptisia in a pint of hot water.

January 13th. Temperature at 11 A. M., 103.2° F., pulse 120, patient very weak and languid. Pulse compressible, slightly irregular. The diphtheretic membrane, under the influence of the warm gargle is softening, and detached pieces are hawked up rather freely. In the evening the patient was much the same. Temperature 103.2° F., pulse 130, considerable albumin, in the urine.

January 14th. About the same as yesterday, but the patient is weaker.

January 15th. Temperature, at 10 a m., 102.5, pulse 118, throat full of pus, which caused great discomfort. Is able, however, to take warm milk, which has been the only aliment allowed, with less pain than heretofore. Is, therefore, taking more of it and seems somewhat stronger and brighter. The evening temperature was 102.6.

Jan. 16. Very much better. Temperature at 10.30 A.M., 101.2, pulse 110, and much more natural than at any time since she has been sick. Throat still looks very bad, but is less sore, and the amount of exudation is slight. Urine still continues albuminous.

Jan. 19. The case has continued to do well, as will be seen by reference to the table below. The throat is now denuded of false membrane, but looks very red, and is slightly œdematous. The feet are swollen. The amount of albumen in the urine is increasing, and amounts to about 15 per cent., by bulk, with the nitric acid and heat test. I gave Apis³⁰.

Jan. 21. The only traces of the disease remaining is an undue redness of the pharynx, hoarseness of the voice, and general debility. Apis was continued until the 23d, when a few doses of China³ completed the case.

The annexed table shows the tem-

perature, pulse, and respiration from Jan. 12 to 19.

Date.	Temp.		Pulse.		Resp.	
	Morn.	Even.	Morn.	Even.	Morn.	Even.
Jan. 12		104.6		140		32
" 13	103.2	104.2	120	130	30	30
" 14	103	104	120	128	30	30
" 15	102.5	102.6	118	116	28	28
" 16	101.2	101.5	110	110	26	26
" 17	100	100.4	102	98	25	24
" 18	99	99.3	90	90	24	24
" 19	98.4	98.6	80	82	22	22

COMMENT. This case had Baptisia¹⁵ all through, until the temperature came down to normal, when Apis³⁰ was given for the local dropsy and albuminuria. The gargle was a $\frac{1}{2}$ ⁵⁰ strength and was noticeably useful in allaying fetor, and in softening and washing out the membrane. This is much more rational than detaching the membrane by forcible means, and accomplishes the important purpose of preventing it from being swallowed, a frequent cause of the extension of the disease to the œsophagus and stomach.

CASE III. Jane D., aged eleven months, living on same block with previous case, was first seen on Jan. 14. She then presented the following symptoms. The pharynx, as far as it could be seen, was covered with a grayish membrane, horribly offensive; breathing labored; tongue dry, both in appearance and to touch; temperature 103.8, pulse 150, respiration 40. The age of the child precluded the use of a gargle. I therefore made an attempt to swab out the throat with a one per cent. solution of Baptisia (fluid extract, $\frac{1}{2}$ drachm; hot water, six ounces), and while measurably successful myself, the subsequent attempts by the mother were ineffectual. Gave Baptisia³. The next day the patient was worse; temperature 104.6, pulse 160, respiration 55. I abandoned all attempts at local treatment and gave Baptisia³⁰. I stuck to Baptisia on account of the fact that the child could swallow nothing whatever. A teaspoonful of warm milk would cause strangulation and finally be ejected. She had not been able to swallow

any thing for twelve hours, and was in a very critical condition. The medicine was given dry, six pellets being placed on the tongue every half hour. In the evening there was not much change, except that now, occasionally, a little warm milk was swallowed—about half a teaspoonful at a time.

January 16. The temperature had fallen one degree, but the pulse was very feeble and somewhat irregular. The urine was scanty and highly albuminous. The local trouble, however, was abating as the child now swallowed without much apparent effort, both cold water and warm milk. Brandy was now added to the milk, in the proportion of a teaspoonful to two ounces of milk. The case improved slowly until the 19th, when there was an alarming exacerbation of most of the symptoms. The temperature which had fallen to 101.5° F., rose to 105° ; the pulse, weak as to be hardly discernible, to 170; vomiting set in, and the breath again became very offensive; the extremities, especially the feet, were swollen, cold, and the body covered with a clammy sweat; and the child lay in a stupor, as if death was impending. I gave Arsenicum album¹², and in a few hours the condition was considerably ameliorated. The following day the temperature had fallen two degrees, the vomiting had entirely ceased, and while the patient was very weak and drowsy, she was evidently improving. The throat during the past two days had been swabbed out with strong cider vinegar, every three hours. This and Arsenicum were continued until the 25th, when all the other untoward symptoms having disappeared, *Phytolacca*³ was given for the persistent hoarseness.

This child remained ailing for several months, and had Phosphorus, China, and other remedies, dying, finally, of diarrhoea, in June.

The table shows the range of temperature and pulse during the fever days.

Date.	Temp.		Pulse.		Resp.
	Mon.	Even.	Morn.	Even.	
Jan. 14	103.8		150		40
" 15	104.6	104.8	160	150	55
" 16	103.5	103.5	140	140	
" 17	102.7	103.	130	134	
" 18	101.5	102.2	124	130	
" 19	101.8	105.	130	170	
" 20	103.2	102.8	150	144	
" 21	101.8	102.2			
" 22	100.2	101.			
" 23	99.6	100.5	120		
" 24	98.8	99.5			
" 25	98.4	98.6			

COMMENT. I still think Baptisia was a good prescription, but it was given in too low a potency at first, and the fruitless attempts at swabbing out the throat may also have exhausted the strength of the patient. Had Baptisia³⁰ been given at first, and the child allowed to rest quietly, its vitality might have been conserved, the great subsequent prostration prevented, and its life saved. The diarrhoea from which it died, five months afterward, was occasioned by ingesting soured milk; but the real cause of death was lowered vitality, which incapacitated it for a successful fight against another disease.

CASE IV. Mattie G., aged 17, a cash girl in Ehrich's, complained of feeling chilly, with pain in the back, and other symptoms commonly ascribed to taking cold. She had domestic treatment for a couple of days, but growing worse rather than better, I was sent for. This was January 20, the very time when case III was doing so badly. I found her with a moderate fever, 102.8° F., but complaining bitterly of the pains in the back, in the thighs, in the head, and of stiffness of the neck. The tonsils were greatly enlarged, very tender, and covered, on their pharyngeal surface, with a delicate, pearl-like membrane. The pains were of a lancinating nature, and made her very restless and irritable. In fact, she was so cross, that her mother said she did not believe that she could be very sick. She said she was very thirsty, and yet she was unwilling to drink because it hurt her to do so. Beside the lancinating pains, of which I have

spoken, she complained of soreness across the region of the kidneys, and the urine was scanty, dark-red, and on cooling deposited a whitish sediment, which adhered to the bottom of the vessel. The pain in the head was mainly in the back part, extending down into the neck, and was of a darting nature, from above downward, like the pain in the back and sides. I had no trouble in selecting the remedy, as the pains were so exactly like those in rheumatic cases, which I had seen cured by *Phytolacca*. I, therefore, gave her this drug, in the sixth decimal, with a gargle, of ten drops of the green tincture in three ounces of water. Under this treatment, she did very well. The pains, except in the throat, all disappeared in less than twenty-four hours, the urine increased in quantity, and improved in quality, and in three days she was nicely convalescent. The diphtheretic membrane thickened in texture, and darkened in color, during the first day, but after that it rapidly cleared up; even the hoarseness was all gone by the fifth day. There was no albumin in the urine after the seventh day, and the medicine was suspended, and the case discharged cured on the ninth. The temperature and pulse never ranged very high, as will be seen from the table.

Date.	Temperature.		Pulse.	
	Morn.	Even.	Morn.	Even.
Jany. 20,	102.8	103.2	96	100
" 21,	102.4	102.5	92	94
" 22,	101.2	101.4	90	90
" 23,	100.4	100.7	85	86
" 24,	99.	99.2	80	80
" 25,	98.4	99.	76	80
" 26,	98.4	98.7	72	76

COMMENT.—This reads like a very mild case, and it is possible that it would not have assumed malignant proportions under any form of treatment. But I do not think this inference warranted. *Phytolacca* was exquisitely Homœopathic to the whole condition, and it was because this remedy was administered early in the

case, before the vital powers had been weakened, and its influence maintained persistently, that this case was cut short. The child, from whom this one caught the disease, died; other children in the same house died; and although this is not proof conclusive, it is presumptive evidence that this child, also, might have died, if it had been subjected to the same treatment. I do not wish to be understood as championing *Phytolacca* in malignant types of diphtheria. I have never trusted it, and have never felt disposed to trust it, in those cases where the disease seemed to crush down the vital power of the patient at the first onslaught; but, I have frequently seen it, when selected on account of the peculiar rheumatoid pains from which the patients suffered, act with wonderful precision and celerity.

CASE V.—Flora S., a chubby little girl, 4 years of age, and an only child, complained of the usual symptoms which usher in an attack of diphtheria, on the evening of Feb. 4. She had had an attack of croup early in January, a disorder to which she was subject, and preceding that, by two or three weeks, a rather severe attack of capillary bronchitis. Nevertheless, she was an unusually healthy and bouyant child, having been born in one of the smaller Massachusetts towns, where her parents had resided until less than a year past. She had had no illnesses except an occasional attack of croup, and the bronchitis, since babyhood. For the bronchitis she had *Ascepias* 3; and the croup had always yielded promptly to a set of Bönninghausen's powders. When, therefore, her father came round to my house, about ten o'clock in the evening, and said that Flora was feverish, and that he thought she was going to have one of her usual attacks, I very foolishly, merely put up a set of the powders, with instructions to give them as numbered, three hours apart. There had been no diphtheria in the house, the child had been exposed to no contagion, as far as known, and the father did

not seem particularly anxious for me to make a call. It was, therefore, left for them to send for me in the morning, in case she seemed no better. This was mistake number two. The result was, that as she had no cough, and seemed merely languid and drowsy, the day slipped by without any word being sent to me. In the evening, however, she was manifestly so ill, that I was summoned in haste. Unfortunately, I was out, and did not see her until past midnight. I found her in a very high fever (104.8°), pulse 160, full, bounding, and not easily compressed; skin dry and harsh; conjunctiva injected; tonsils greatly swollen, and very tender, especially the right one; restless, but drowsy; and the pharynx covered with a dirty, dark-brown membrane, beneath the edges of which could be seen the mucous membrane livid in color, and streaked with oozing blood. The disease evidently had gained a strong headway, and we were evidently in the presence of a very grave condition. The tendency to bleed in the affected part, and the swollen, flabby appearance of the tongue led me to give *Mercurius cor.*¹⁵ I would have given the iodide of mercury, but I had none with me; and I had not yet learned the uselessness of corrosive sublimate in these cases. The child passed a wretched night, and when I saw her, at eight the next morning, it was evident at a glance that she was worse. As she lay there in a semi-sleep, breathing heavily, her face flushed, neck swollen, eyes half-open, with contracted pupils, I felt that the struggle was a hopeless one. The throat presented a terrible appearance, and emitted a most dreadful odor. The diphtheretic membrane was cracked and curled upon itself, showing a new formation below. Wherever the mucous membrane was exposed, blood oozed and formed darkish clots. The thermometer in the axilla marked 105.6° , and under the tongue 106.1° F. The pulse was 170, with very much less arterial tension. The respi-

ration was slow, in comparison with the pulse-rate. I administered a drachm of brandy, hypodermically, which strengthened the heart-beat, but I doubt whether its use, at this time or subsequently, had much beneficial influence. I now procured some cyanuret of mercury, in the sixth potency; a remedy which I have never before used; and at about ten o'clock the first dose was given. The case remained without very much change through the next twenty-eight or thirty hours. Brandy was administered, hypodermically, in small quantities at intervals; and enemas, of an ounce of beef-juice, every four hours. The mouth and pharynx was wiped out with a cloth dipped in cider vinegar, at such times as the patient would permit the operation without too much struggling; and thirst was allayed by the constant use of small bits of ice. By this means, the temperature of the mouth, instead of rising higher than that of the axilla, was kept a degree or so below it. On February 8, the axilla temperature was, at 10 o'clock in the morning, 102.7° F., and the pulse 120. The false membrane came away freely in long shreds leaving bleeding surfaces, which were not again recovered. With considerable difficulty she swallowed a little warm milk; but was not willing to repeat the experiment. The fever gradually abated, and by the 12th day (Feb. 16.) disappeared entirely. The tenderness of the throat lasted until Feb. 26 making it impossible for her to eat any kind of solid food. The urine was tested for albumin, on Feb. 14, and about five per cent. found; but this rapidly decreased, and on Feb. 27 there was none. The paralytic symptoms were not pronounced. There was voice-husiness, and some difficulty in swallowing, but these disappeared under the use of *Apis*¹² and *Causticum*³⁰. She was emaciated *in extremis*, having lost about twelve pounds during the three weeks illness; but by the middle of March she began to gain, and in May looked

as plump and hearty as ever. She did not, however, entirely recover her animal spirits and vigor until the following autumn.

Date.		Temp.		Pulse.		Resp.	
		Morn.	Eve.	Morn.	Eve.	Morn.	Eve.
Feb.	5		104.8		160		40
"	6	105.6	106.	170	164	30	31
"	7	105.2	104.6	160	150	32	32
"	8	102.7	103.2	120	130	30	30
"	9	102.2	102.8	115	120	30	30
"	10	101.3	102.	105	118	28	30
"	11	100.8	101.5	100	100	28	28
"	12	99.5	101.	96	100	28	28
"	13	99.5	100.3	90	94	26	26
"	14	99.2	100.	88	90	24	24
"	15	98.6	99.2	80	82	22	22
"	16	98.4	98.8	76	76	20	20
"	17	98.4	98.4	76	76	20	20

COMMENT.—The loss of time, and the still more serious blunder of giving *Mercurius cor.*, nearly cost this child her life. Only her own extraordinary, inherent vitality enabled her to pull through the crisis. The wonderful effects of *Mercurius cyan.* in this case led me to give it subsequently as a mere routine remedy, until I was frightened out of it by bad results. It is doubtless a wonderful remedy, but it does not cure every case.

ORIGINAL TRANSLATIONS.

BY

PROFESSOR SAMUEL LILIENTHAL, M.D.
New York.

INHALATIONS OF OXYGEN FOR INAPPETENCY AND VOMITING OF PREGNANCY.—A. Mayor reports several cases, where after an inhalation of 5-10 litres, amelioration followed, and several seances sufficed to restore health. In a severe case of vomiting during pregnancy symptoms of inanition had already appeared, Poinard used these inhalations with perfect success. The treatment has so far shown no influence whatever on the fœtus.—*Allg. Med. Chir. Zeit.*, 16, 1884.

A BALL FROM A REVOLVER IN THE BRAIN OF A BOY OF SIX YEARS—RECOVERY.—By an accident the little

fellow was shot, the ball perforated the skull and lodged about the third convolution of the left anterior hemisphere. Unconsciousness followed for forty-eight hours. Brain mass prolapsed several times, but he never had a general encephalitis. For five days there was total aphasia, which gradually decreased and then disappeared. There was also paralysis of the right arm, which left traces yet after fifteen months. Otherwise the child enjoyed good health, notwithstanding that he carries the ball in his skull. This case is a renewed proof that Broca's convolution is the seat of speech, and that aphasia follows when it is injured. It again shows that a foreign body can become encysted in the brain without having any injurious sequence. (Let us add that it shows the truth of Dr. Pilcher's remark, that gunshot-wounds will do best when we let the ball severely alone without meddling with it. Andre's case in the Presbyterian Hospital may also be cited as a case in point. Poor Garfield!)—*Allg. Med. Chir. Zeit.*, 17, 1884.

AURUM CYANATUM IN ATACTIC AFFECTIONS.—Galezowsky read a paper before the Société de Geologie on the favorable results with aurum cyanatum in atactic affections, whereas so far every other treatment in atrophy of the optic nerve had failed. He presented a patient suffering from the usual symptoms of locomotor ataxie. She could not read any more, the visual field was considerably lessened, and atrophie nervi optici was diagnosed. For three months she received daily hypodermic injections of five millegrammes Aurum cyanatum. During the treatment all the fulgurating pains ceased, and though the atrophy of the optic nerve remained stationary, the visual field enlarged considerably. He treated five other cases and considerable improvement followed. (Aurum cyanatum is insoluble in water.)—*Le Progr. Med.*, 52, 1883.

RELATIONS OF ABDOMINAL DISEASES TO THOSE OF THE RIGHT HEART.—Passerini observed the cases of insufficiency of the tricuspidal valves in consequence of exudation in the peritoneal cavity. During the first prolonged sound a murmur could be heard, the second sound was increased in strength in the ostium pulmonale, all of which disappeared after the absorption of the exudation. These disturbances in the functions of the heart are of a mere mechanical nature; the compression of the abdominal organs causes venous ischæmia in them, and per contra hyperæmia of the thoracic organs. In a similar way Lasker and Depaul explain the greater accentuation of the first sound at the ostium pulmonale in pregnancy, large abdominal tumors or ovarian cysts.—*Gaz. hebdomadaire*, 7, 1884.

IODIDE OF STARCH AS A UNIVERSAL ANTIDOTE.—In a paper read before the Medical Society of Florence, Bellina recommends the iodide of starch for poisons in general. The absence of disagreeable taste and irritating properties allows this compound to be administered in large doses. The antidote is above all efficacious in poisoning by sulphuretted hydrogen gas, by the alkalies and the alkaline sulphides, by ammonia, and principally by the alkalis with which iodine forms an insoluble compound. In this respect it is preferable to the tincture of iodine. It aids the elimination of the salts of lead and mercury. In cases of acute poisoning an emetic must be administered before the iodide of starch.—*La France Médicale*.

TREATMENT OF ULCERS BY RAW MEAT.—Dr. R. Menger, of San Antonio, reports, in the *Texas Medical and Surgical Record*, the cure of two obstinate chronic ulcers which had resisted the usual treatments:

In both of these cases I now tried the transplantation of raw meat as a

substitute for epithelial transplantation, and the result was, to my surprise, very satisfactory. First the legs were well washed with carbolic water and soap, also the ulcer cleansed with warm carbolic water; then fresh meat, freed of all fibroid and tendrous tissue, was scraped off with a sharp knife and spread, in very thin layer, over the entire raw surface of the ulcer. After this the ulcer and entire lower extremity were bandaged with carbolic bandages, having previously covered the ulcer with absorbent cotton impregnated with fresh cod-liver oil. This was done every morning and renewed every evening. The remarkable result of this treatment was, that in the evening and morning when the ulcers were re-dressed every particle of transplanted meat was entirely absorbed, and the ulcers themselves gained healthier granulations, and their dimensions were diminished. The efficiency and superiority of this treatment is based on the following facts: (1) It is very easy to apply, and a great deal easier to procure fresh, healthy, raw meat than epidermis. (2) The process of granulation is stimulated to a great extent, and the ulcer heals with a healthy and solid cicatrix on the edges. (3) The probability of inheriting morbid tissue is a great deal lessened.

ON GENUINE SITOPHOBIA.—Alfr. Sperlingk considers genuine sitophobia not the usual refusal to take food, as we find it in insane persons from hallucinations, etc., but rather a complex of symptoms reminding one of hydrophobia. Here we meet no instinctive aversion to food, no fear of getting poisoned, no religious abstinence, but clearly a spasm in the organs of deglutition, showing itself at every attempt to swallow, mostly in the lower part of the œsophagus, provoked also at the attempt of introducing an œsophageal sound, arising probably from the same central lesion which caused the mental disturbance.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor :

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors :

Profs. S. P. Burdick, F. M. Hale, E. C. Franklin,
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood Drs. G. N.
Brigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millsbaugh, Mrs. J. G.
Brinkman, Mrs. Julia H. Smith.

Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless endorsed in our editorials.*

SUBSCRIPTION, \$2 per year, in advance. For accommodation of subscribers, this journal is not discontinued until an order is received to that effect.

Remittances may be made by Post Office order, check or inclosed in a Registered Letter, at our risk,
A. L. CHATTERTON PUB. CO.,
New York.

EDITORIAL.

Gladly wolde he lerne and gladly teche.—
CHAUCER.

WE begin, in this number of the AMERICAN HOMŒOPATH, a series of articles which, perhaps, might appropriately be entitled the *Confessions of a Learner*. The wisdom of printing one's misjudgments and consequent failures may be questioned ; it requires some little hardihood to rip open the privacy of one's memorandum book, and give the world a chance to quiz and criticise ; but possibly as much may be learned from blunders as from successes. At least it will be a novelty, and every editor's heart rejoices at something new, even if he has to manufacture it himself.

This record is published with the hope that it may illustrate the pre-

cept that the nearer we adhere to the Hahnemannian law the more perfectly, rapidly and satisfactorily will cures be effected ; and that even so serious a disease as diphtheria is rarely fatal when promptly met by the appropriate drug in a minimum dose.

*
* *

THE question of the pre-determination of sex, always one of peculiar interest, has lately been agitating the medical mind, in an unwonted degree. The gradually increasing preponderance of females, in the population of the whole country, furnishes a practical reason for seeking to control the production of sex, if it can be done from a scientific basis.

The observations made by breeders of cattle seem to indicate that weak bulls paired with vigorous cows beget males, while a reverse condition of parentage, resulted usually in female births. If old bulls be paired with young heifers, the result is a preponderance of bull calves. This law of nature is based on the formula that it is of paramount importance to re-create that sex which is most likely to die out. The relative nutrition, also, of the two sexes seems to bear an important relation to this question. It has been found, by Laudvis, that in the lower types of life, sex might be produced at will ; full nourishment causing a surplus of females, while scanty nourishment furnished an excess of males. Darwin has shown that the sexual function is the first to feel the influence of decided changes in diet ; and Ploss has stated that as the price of provision advances, and the community is in consequence less fully nourished, more male children are

born, a ratio being maintained between the hardness of the times and the excess of male births. Dr. Mulheron suggests that the male suffers soonest from deficient amount of food, and consequently is the weaker ; therefore the result.

The determination of sex, however, is probably not so simple a problem. It is not even definitively known when the question of sex is determined—whether it is decided at the instant of fecundation, or at a later period. It would seem that the settlement of this question, would be a necessary preliminary to a satisfactory elucidation of the more comprehensive inquiry. It may, however, be affirmed that there is a law or laws in nature governing the propagation of species ; that as nothing is the result of chance, it only needs proper investigation, to put within our grasp the means of propagating sex at will.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

A regular meeting was held April 9, at eight in the evening. Dr. A. Worrall Palmer, class of '83, New York Homœopathic Medical College, was proposed as a member. Dr. F. E. Rabé was elected to membership.

Dr. McDougall, being called upon for a report of a case, said :

If there were more of the younger members of the Society present, it would be well to relate personal experiences. He remembered an instance in which he was misled by an indication he had learned at college : *i. e.*, the condition of the bladder being ascertained by percussion. He was attending a case of puerperal convulsions, in which the patient had been unconscious for several hours, he thought the bladder might be full, but on percussion finding a resonance

above the region, supposed there was but little, if any, urine present, and thought, perhaps, the case one of suppression. Dr. Dowling was called in consultation, and during the examination asked if the catheter had been passed. At his suggestion the catheter was introduced into the bladder and, to the doctor's surprise, a very large quantity of urine was voided. It was a lesson to be remembered, and has so impressed him that in every case since, he had been unable to rest quietly without an examination of the condition of the bladder if the patient is unconscious. This patient had been unconscious from Sunday night till Tuesday morning, when she died. In answer to a question, the doctor stated that Dr. Dowling's opinion in reference to the resonance over the region of the bladder, was that it was caused by a distended condition of the intestines. Dr. McDougall mentioned another case of typhoid, in which percussion did not reveal the presence of urine in the bladder ; he tried to pass a rubber catheter, but, owing to a spasmodic condition of the neck of the bladder, without success. He left the case and went home, but being anxious about the patient, finally returned with a silver catheter, and succeeded in evacuating the bladder.

Dr. Palmer thought the administration of medicine in such cases was preferable to the use of the catheter, if the right remedy was given.

Dr. Cowl said he had just suffered the agonies of an interview with a reporter of one of the daily papers in regard to his opinion of typhus fever. The doctor said : In my opinion the nest from which typhus is likely to spread is the densely populated tenement districts. My experience is that it is discovered in a large majority of cases in the lodging houses where perhaps one or two dozen persons will pass the night in small rooms, which are usually kept closed, especially in cold weather ; and frequently one or two of these persons will be affected and it will spread.

The infection is carried about often with considerable rapidity, and numbers may be become affected if the sanitary authorities are not sharp. Cases of typhus, small-pox, and scarlet-fever are carried to the hospital unless the patient can have the entire use of the top floor of a dwelling, with a nurse. Among the poorer Italians and Polish Jews, these cases are hard to get at, as they are averse to allowing any one falling sick to go to a hospital, having a fear because they know nothing of them; they employ all the means possible to conceal cases; one child suffering from small-pox was discovered in a trunk. I may say that outside of the information to be derived from text books, it might be well for any one investigating a case to examine the region of the axilla, and forearm, and chest, where the eruption is particularly apt to begin, this to be taken with the high fever, cerebral disturbances, etc. Those who have the greatest number of cases to diagnose rely fully as much upon the history of the case for a week or ten days before the examination as upon the physical signs at the time of the examination, differing in this respect from small-pox in which three-quarters of the diagnosis rests upon the appearance of the eruption.

Dr. Winterburn, being called upon, said he had prepared a paper which he intended to send to Dr. Burnett, of London, which he would present to the Society. It was a report of a case of a common disease cured by a somewhat uncommon remedy. For want of a better name he had called the case cardiac asthma, it being asthma complicated with cardiac symptoms. A young German lady, who at the time of applying for treatment four years, ago had been suffering about eight years with peculiar attacks of suffocation; they had begun while she was in her teens before she left Germany; she had married four or five years previous to the time the doctor first saw her and came to this country, but the change of surroundings had

not benefitted her, and she had been getting worse; he had never seen her in an attack; but the attacks were described to him as occurring at night usually; after having been asleep two or three hours she would awaken with a sense of impending suffocation, and would be compelled to get out of bed; there would be a tumultuous throbbing of the heart; the attack would last from five to twenty minutes; usually not more than one attack during a night. The only possible means of relief was from sitting on a chair slightly leaning forward with her elbows on a table; there would be a slight cough without expectoration; she would sometimes have attacks during the day-time from any exertion, and although she would often pass a night without an attack, yet she would have at times two attacks in one night. When she came to the dispensary for treatment she showed the anxious facial expression of cardiac disease, ashen complexion, with some slight emaciation, but not considerable. The pulse in the interval was easily compressible, and by making pressure on the radial artery would disappear. After studying the case *Canabis sativa* was given; partly on account of the diaphragmatic breathing, and because of a toxic effect of this drug on a gonorrhœal patient who had been suffering from a stenosis of aortic valve, in whom it had produced a marked stimulation of the heart's action. Dr. Winterburn had known of the use of *Canabis sativa* in other forms of asthma, but not with symptoms as this case presented. The 30th potency was administered, four powders per day, on the 24th of May; on the 1st of June she came back much improved; she reported continued improvement on the 12th, and again on the 16th; the last two times she walked a distance of over a mile to the dispensary without discomfort, being the first time she had walked any considerable distance for several years. He kept the run of the case for a year or more without there being a return of any of the symptoms. In

answer to a question, the doctor said the case was one of a large number of dispensary cases, and he had prescribed on the symptomatology only ; he did not know if there had been a heart murmur..

Dr. Deady having to retire, Dr. Winterburn was nominated as Secretary *pro tem*.

Dr. Schley presented a report of some of the progress made during the past year in Clinical Medicine, prefacing his paper by saying : " In going over the literature of the past year we find so much of interest to us all who see how we are deficient in knowledge of all branches of medicine, the practical part particularly, more especially in diseases of the nervous system, functional derangements of the liver and diseases of the chest. To give even a synopsis of all that has been accomplished in these branches would take hours to do them justice ; I have selected a few points which appear to me to be of the greatest interest."

Dr. Schley, during the reading of his paper, mentioned an article he had read, written by Dr. Austin Flint, describing seven cases in which he was unable to diagnose between a simple bronchitis and a tuberculous condition of the lungs. The sputa of five of these cases was given to Dr. Welsh for examination. On placing under the microscope, in three of the specimens no bacilli were found, but the other two contained them. On this decision, Dr. Flint diagnosed the two containing the bacilli as phthisis, and in following up the case the diagnosis was verified. Dr. Schley believes the time is not far off when a physician who pays special attention to this means of diagnosis will be compelled to be versed in the method of determining the presence of the bacillus. Some of us may have read the articles written by Dr. Saulsbury, who claims that he can detect in cases of phthisis a ferment which exists in the blood long before the bacilli are present in the sputum or there are any physical

signs of the disease. Dr. Schley said, also, there was another subject he would like to bring before the Society ; a condition of renal inadequacy mentioned by Dr. Clark, of England, who is a very prominent physician. The matter is now making a stir throughout England and Europe. It is a condition in which, while the kidneys do not appear to be diseased, yet the quantity of urine is diminished. Dr. Clark recommends, as his experience, that patients get along better with low diet and plenty of water. In the cases he mentions the urine was examined repeatedly, but there was no sign of contracted kidneys. In answer to a question, Dr. Schley said some of the cases had been watched about a year.

Dr. Dillow said he had read of cases similar treated with beneficial results by exactly opposite methods of high diet, and suggested the possibility of a typographical error. He had read the articles of Dr. Clark and thought he did not see any statements of inadequate power of the kidney : he questioned the establishment of a new disease, which he thinks is not accepted by Dr. Clark's fellows.

Dr. Cowl asked if there was any history of previous attacks of nephritis in the cases mentioned.

Dr. Schley said : in the cases Dr. Clark mentions, taken from the *London Medical Record*, there was no nephritis. The wine was examined by a competent chemist ; at the time there was no albumin and no indication to show the presence of contracted kidney ; there were no casts ; but do not know if there were any epithelium. After the cases had been examined he excluded disease of the kidney. One case, a wealthy gentleman under the care of Mr. Wilson, with Drs. Clark and Paget consulting, could not be diagnosed ; the urine was 106-7, and a marked deficiency of urea. This gentleman had been placed under high diet, stimulating and nourishing food, but gradually grew worse ; the treatment was

changed to the restrictive diet and the patient improved. Dr. Schley did not know of the presence of previous kidney troubles in these cases; in some of the cases, Dr. Clark said, there had been no disease present.

Dr. Cowl said he had seen acute cases of Bright's disease appear to subside as if cured, and suggested the possibility of these being similar; in those cases he had seen the inflammation having occurred and run a course, either acute, subacute or chronic, and the inflammation had gradually ceased, the casts disappeared, the albumen absented itself, the patient ceased to have nephritis; but there was a markedly diminished specific gravity of the urine; these cases in post-mortem had proved themselves nephritis, which had gone on to the third stage; there was atrophy of the cortical substance, and other evidence of Bright's disease which had crippled the kidney; yet some would say it had ceased to be Bright's disease during life.

Dr. Boynton mentioned a case which had been treated by Saulsbury diet, but was compelled to change because of the detrimental effect on the health of the patient.

Dr. Dillow said he would like to mention a condition which has a bearing on diagnosis of Bright's disease, overlooked by a great majority of physicians. He has examined the urine of many cases of chronic Bright's and never found them come up to the normal in the amount of solids; this, of course, must be taken with reference to the condition of the patient, the nature of the diet, etc. He has many times examined the urine of twenty-four hours, but never found the kidneys capable of eliminating the proper amount of salts, even in very large and strong persons. It is a point universally neglected, and he thinks it is not safe to form an opinion of a case of Bright's without estimating the total amount of salts; the more the kidneys are affected the less the amount of solids; also by this means can an

attack of urinary trouble by the quantity of urine and solids being less. There is quite a difference of opinion in reference to this matter among eminent physicians, though the majority of them are in favor of the position he has taken.

Dr. Schley presented a patient suffering with aneurism of the aorta. This patient had rheumatism twelve years ago, and when the Doctor saw him three years ago he had well marked signs of aneurism of the ascending and a portion of the transverse aorta. The left pulse was not quite so strong and perhaps slightly slower than the right. There was an enormous hypertrophy of the left ventricle with insufficiency of the mitral valve; extension of the area of dullness into the right thorax; a marked dullness due to the extension of the aorta and innominate artery; over the second and third rib of the left side a pulsation is felt distinctly; and, in the doctor's opinion, from the pressure of the aneurism a portion of the rib has been absorbed and the sternum is losing a portion of its internal lamina.

The case was examined by the members of the society.

Dr. Boynton said he would like to mention a case in which a whole family were affected with eye diseases apparently from a specific trouble. First the mother came to the hospital; she had detachment of the retina, high degree of myopia, also irido-choroiditis with strong posterior senecchia; vision was almost lost, she only being able to distinguish between night and day. Then the oldest daughter came, suffering from very near sight and irido-choroiditis. The second daughter, who brought her, had a healthy eye but hypermetropic. The third daughter was myopic, had irido-choroiditis, disseminating choroiditis. The fourth daughter was healthy but hypermetropic; the fifth daughter was said to be healthy. The son, about ten or twelve, has detachment of the retina of the left eye, myopic $\frac{1}{3}$,

staphyloma of the right eye with high degree of myopia, and peculiar colloid degenerative stripes between the retina and choroid, which is a unique condition never before seen in this hospital. All the girls who are hypermetropic are like the father in feature, and the others resemble the mother. Strange to say all have the notched teeth of Hutchinson, and although he has never seen the father, he strongly suspects there was a taint in him at the time of his marriage.

On motion the society adjourned.

LITERATURE.

In no way is the wide diffusion of homœopathy in the United States, and the organized power which it is acquiring, shown to such advantage as in the report of the bureau of statistics of the American Institute.* In forty years it has grown from *nil* to 27 State Societies, 98 other societies, 57 hospitals, 46 dispensaries, 11 colleges, 15 journals. The alumni of the colleges number 5,825, and increase at the rate of 400 a year. The aggregate membership of the societies is nearly 6,000. The printed matter for the year, equalled 14,000 octavo pages, excluding bound volumes, issued by publishing houses, other than transactions.

Dr. Lee has issued in a convenient form† the symptoms of aggravation and amelioration, as found in the justly celebrated work of Bönninghausen. To those who have not Bönninghausen, and who desire to prescribe on strictly homœopathic principles, this little work will be

found invaluable. Bönninghausen wrote: "All of these indications are so trustworthy and have been verified by such manifold experience that there are hardly any others that can equal them in rank. But the most valuable fact respecting them is this: that this characteristic is not confined to one or another symptom, but, like a red thread, it runs through all the morbid symptoms of a given remedy which are associated with any kind of pain whatever, or even with a sensation of discomfort, and hence it is available for both internal and external symptoms of the most varied character."

Putnam's have published two useful year-books. One of these is a review of the year's advance (1883) in therapeutics.* It is edited by Dr. Amidon, and consists of condensed articles from various Continental medical journals. The work of both editor and publisher deserves commendation, and the volume preserves in a convenient form many stray items, which it is useful to be able thus to lay one's hand upon without trouble. The other is a similar work, edited by Dr. Knight, on Surgery.† The two works form an interesting contribution to the history of current medicine.

Among the interesting books published by Funk and Wagnalls, in their Standard Library, are Joaquin Miller's *Memorie and Rime*,‡ Haweis's *Musical Memories*,§ and Habberton's *Bow-*

* *Report of the Bureau of Organization, Registration and Statistics of the American Institute of Homœopathy.* 1883, 8vo, pp. 75. (Pittsburgh: Stevenson and Foster).

† *Characteristic Conditions of Aggravation and Amelioration.* Edited by E. Jennings Lee, M.D. 32mo, pp. 82. (Philadelphia: Homœopathic Physician Print.)

* *A Year-Book of Therapeutics.* 1883. Edited by Royal W. Amidon, M. D. 8vo, pp. 250. (New York: G. P. Putnam's Sons).

† *A Year-Book of Surgery.* 1883. Edited by Chares H. Knight, M. D. 8vo, pp. 197. (New York: G. P. Putnam's Sons).

‡ *Memorie and Rime.* By Joaquin Miller. 12mo, pp. 237. (New York: Funk and Wagnalls).

§ *My Musical Memories.* By H. R. Haweis. 12mo, pp. 283. New York: Funk and Wagnalls).

*sham Puzzle.*³ These excellent books are issued fortnightly, at five dollars a year.

ITEMS.

Dr. F. H. Boynton has removed to 30 west 33d Street.

Delirium tremens is also caused by micrococci—the worm of the still.

The old lady, says she hopes when John Bright comes over to this country he will take his pesky disease home with him.

Prof. Henry F. Osborn, of Princeton, has an interesting article on Illusions of Memory, in the May *North American Review*.

Dr. Vigouroux recommends a glass of hot lemonade every hour, or half-hour, as an easy, agreeable, and efficient treatment for diarrhoea.—*Medical Times*.

A newspaper reporter, in condensing the remarks of a lecturer on "First Aid to the Injured," wrote: "Bleeding from the nose is neither artillery nor venus, it is caterpillary."

The Public Herald, published in Philadelphia, is doing an excellent work in exposing *Fraud* advertism.—Some medical journals are not as careful in this respect as they should be.

Prof. Doughty wishes it stated, that in the case of cerebral concussion, detailed in the April HOMŒOPATH, he was merely called in consultation by Dr. S. W. Clark, of Jersey City.

Our neighbor, the New York *Medical Times*, begins its new volume with a change in size of page and typographical arrangement. The *Times* is skillfully conducted, and we are glad to note these evidences of prosperity.

The New York Medical College and Hospital for Women graduated, on April 1, eight ladies. Prof. Stiles delivered the faculty address, and Dr. Mary E. Grady was valedictorian. The class this year numbered forty-eight.

The cosmopolitan character of our American magazines has never been better illustrated than in the HARPER'S. Certainly American topics, authors, and artists are thoroughly represented, but there are also papers on English, French, and German subjects, written by Englishmen, Frenchmen, and Germans, and illustrated by English and French artists. William Black, William Sharp, Alfred Parsons, A. F. Jacassy, and Dr. Moritz Busch are among the contributors. Yet HARPER'S is commonly counted the most American of our magazines.

The Ohio Homœopathic Medical Society will meet in Cleveland May 13 and 14.

The world is very discriminating. Now that I have a sheep and a cow, says the old proverb, everybody bids me good morning.

A very valuable new publication entitled *Drugs and Medicines of North America* has just been begun by J. U. and C. G. Lloyd, of Cincinnati, and which we hope may have a long and prosperous career. It is to be issued quarterly, and the first number appeared in April. It fills a position among journals hitherto unoccupied, and the well-known character of its editors warrants us in assuming that it will fill it well. The first number contains exhaustive articles on *Clematis virginiana*, *Thalictrum dioicum* and *anemonoides*, and *Anemone nemorosa* and *patens*. There are four beautiful plates, and nine other illustrations, thirty-two quarto pages of text, and only one dollar a year is asked for the whole. Surely no physician can afford to do without it, at that price. Profs. Robert's, Bartholow, E. M. Hale, J. M. Scudder, J. A. Jeancon, Robt. Sattler, and John King, are among the contributors to these unique pages.

A man of independent manners was taking his dinner in a fashionable Boston restaurant. A fork was to him a utensil for transfixing food on his plate, and molding it into mouthfuls on his knife, by which they were conveyed to his mouth. Something like two inches of blade went between his teeth every time. Several medical students were at the next table. Said the youngest and slightest of them: "A man was eating, making a most abnormal use of his knife. Piling it with the greatest variety of edibles that his meal afforded, he would thrust it into his mouth, dump the load by twisting his wrist, and then clear the blade of remnants by drawing it slowly out between his closed lips. The metal got hot from friction, I suppose, and catching on his teeth, it bent and clogged among them in such a way as to be immovable. There he was, with the knife fixed firmly in his mouth. He came around to the professor's office, with a handkerchief wrapped around the protruding handle, and the operation necessary to relieve him occupied a full half day." The reporter says that, sticking close to the truth, he is compelled to write that the object of ridicule arose very angry, grabbed the insulting youth by the shoulder, shook him thoroughly and threatened him with chastisement, but went away without inflicting it. A less conscientious teller of the story, however, gives it this climax: "You know these oak hat racks that hang pretty high up on the wall? Well, the stranger was a giant, compared to whom the student was a pigmy; and the former, taking the latter by the collar of his coat, deliberately hung him on that rack and left him wriggling."

3. *The Boreham Puzzle*. By John Haberton. 12mo, pp. 222. (New York: Funk and Wagnalls.)

THE AMERICAN HOMŒOPATH.

NEW YORK, JUNE, 1884.

STRICTURE OF ŒSOPHAGUS CURED BY CUNDURANGO.

BY

J. COMPTON BURNETT, M.D., F.R.G.S.,

Lecturer on Materia Medica at the Homœopathic
Hospital Medical School, London, England.

About a year since I was consulted by a gentleman between fifty and sixty; the gist of his complaint was this: A twelvemonth ago he had first noticed an uneasy sensation behind his sternum, about corresponding to the cardia; it was worse when he was swallowing, and at the time of his consulting me it had become a serious affair because every mouthful seemed to stick at the spot—which he described as *burning*—and he had become very anxious because of the increasingly difficult passage of his food through the gullet. He was very pale and thin, almost cachectic, "Everything seems to stick just here. and it burns and smarts whenever any thing passes." His lips were very pale and his tongue exsanguine.

My diagnosis was *incipient stricture of the œsophagus*: that there was a genuine stenosis was certain, for the gentleman complained of his food being arrested in its downward course; every thing seemed to stick at the indicated spot; the burning sensation was not that from pyrosis, because it was only at one spot, and did *not* rise from the stomach, as it must have done had it been from heart burn, but was started by his food and drink in their way *down*. Moreover the obstruction was *constant*, and becoming progressively, and slowly, worse. Considering all these points and the age and look of the patient I felt warranted in asserting that the stricture was organic stenosis and not merely spasmodic. It did not appear to be an œsophageal ulcer with spasmodic stenosis, because the burning

and smarting were not sufficiently intense, and besides it had lasted a year.

I prescribed Cundurango, because of its affinity for the œsophagus and stomach and because of the exsanguine condition of tongue and lips. I gave the first dilution—15-20 drops a day in accordance with Prof. E. M. Hale's law of dose.—Patient continued with his Cundurango drops for 4 or 5 months steadily mending all the time and finally reporting himself quite well. He could swallow without any difficulty whatever; he had become comparatively ruddy and his lips and tongue were of their natural pink-red color. He was still well *yesterday* when I saw him.

FEMORAL HERNIA IN ITS RELATION TO LIPOMA OF THE GROIN.

BY

PROF. CHARLES M. THOMAS, M.D.,
Philadelphia.

(Read before the New York County Hom. Med. Soc.)

It has often seemed to me that too little consideration is commonly given, at least in our English literature, to the theory enunciated by Roser, with reference to the fatty development in the fovea oralis and its cribriform fascia in the causation of femoral hernia. We are too apt to think of all herniæ alike as originating more or less suddenly from some violent exertion, which brings forcibly into action the abdominal compressors. Fatty enlargements at various abdominal weak points,—linea alba, umbilicus, obturator foramen, groins, etc.,—are looked upon with comparatively little interest and their connection with or actions as a possible cause of an extrusion of some abdominal organ is entirely disregarded.

However much or little such a growth may operate as an actual cause of other hernial developments,

it appears to me that the proofs, both clinical and anatomical, are very strong for the statement of Roser, that *femoral hernia* is almost invariably so caused. That is, briefly, that the sac in at least the femoral herniæ is not produced by a *pushing out of* the peritoneum from behind, but really by a *traction from without*, through the outward growth of a *subserous fatty hypertrophy*, to which it has become attached.

In a not inconsiderable experience with this form of hernia, I can recall no case in which the sac was not found to be overlaid by a distinct layer or actual tumor of condensed fatty tissue; and deep within or beneath this mass lies the usually quite small knuckle of strangled intestine.

The accompanying reports will not only serve as marked instances of this class of cases—but, I hope, may draw the attention of some to the importance of treating chronic tumors of the groin with more respect than is usually accorded them.

CASE I. Mrs. W., aged 50 years, had noticed in her left groin for several years, a gradually enlarging lump, but from which she had suffered no annoyance till six mos. ago, when she was taken with nausea, pain at the navel, and soreness in the groin. Her physician treated her for bilious colic, and in 36 hours she was relieved. The soreness at the groin was stated by the doctor to be "sympathetic(?)" A few weeks later, there was a return of soreness in the tumor for a few hours, but unaccompanied by other disturbance.

A week before I saw her, she had been attacked by symptoms similar to those occurring in the first instance, but with little or no sensitiveness in the femoral enlargement. Thinking it simple colic again, she herself carried out the same course of treatment advised in first attack, but was finally obliged to seek further aid on account of the violence of the vomiting. I found her much exhausted, vomiting large quantities of offensive brown liquid, with intense pain at the navel

and no passage from bowels since five days. Although the femoral enlargement was not painful and but slightly tender and as she thought, not increased in size, I nevertheless advised and carried out an exploratory operation, which revealed a hernial sac behind a mass of firm fatty tissue and in direct connection with it. The sac contained a constricted knob of gut not much larger than a filbert.

Rather to my surprise, the vascular circulation slowly returned to the bowel after division of the stricture, and it was after careful cleansing returned to the abdomen. The mass of fat, and a portion of the sac were removed: the wound slowly healed, and the woman made a perfect recovery.

CASE II. Mr. B., aged 42 years, had had for 15 years a lump in the right groin. He first detected it when quite small, and during an attack of gonorrhœa was told by his physician that it was an "indolent bubo." Since that time he had experienced much annoyance from repeated attacks of soreness in the lump, apparently oftenest brought on by over exertion (*e. g.* in walking long distances) and accompanied at times by considerable nausea.

He was naturally of a constipated habit. So accustomed was he to these attacks, that he neglected to call his physician to this last one, till stercoraceous vomiting had set in, and was hoping by poulticing, etc., to bring the supposed bubo to a head. His physician, the late Dr. Ashton, suspecting presence of a concealed hernia called me to see the case.

At that time there had been no movement of the bowels for a number of days, the whole abdomen was very sensitive to touch, and in the right groin was a tense, oval, red swelling, the size of a goose egg, and so sensitive as to require etherization before any manipulation could be done.

The vomiting had ceased, but the sunken pinched features and general cold sweat showed the man to be already in collapse. An incision over the tumor showed the superficial tis-

sues matted by inflammatory products to the deeper structures. The main mass of the enlargement was found to be made up of dense fatty tissue like a hard lipoma, and buried within and beneath it, hardly to be distinguished from it on account of inflammatory deposits, was the thickened hernial sac, containing a small loop of gangrenous gut. The constriction at the neck was divided to permit the evacuation of the bowel contents, the sloughing intestine laid freely open and emollient dressings applied. A fatal termination took place 12 hours later. The following case is still under treatment, though rapidly recovering.

CASE III. Dr. S., 40 odd years old, noticed about 12 years ago, a small tumor in right groin, which was pronounced glandular enlargement.

It caused him only occasional uneasiness, from soreness upon over exertion. Five years ago I had examined it, told him it was probably a lipoma spring from the saphenous opening, and advised the wearing of a concave truss as a prevention of a possible hernial protrusion. This he did irregularly. For the past year has walked much and at times experienced for a short time some soreness in the tumor.

Two weeks ago, after having carried a heavy galvanic battery a number of blocks, he was taken with decided soreness in the tumor followed by nausea which went on to violent vomiting, lasting over 24 hours accompanied by pain and sensitiveness over the whole of right abdomen.

The lump itself appeared to him perceptibly increased in size. When I saw him first, four days after the first symptoms, there was no vomiting, but a constant nausea and no movement of bowels for the same time.

The abdomen was hard, somewhat distended and exquisitely tender to the touch. In the right groin I found a slightly lobulated hard tumor the size of a large hen's egg; non adherent to the skin, and somewhat movable on its base.

On account of the sensitiveness,

this examination was made under ether, with the understanding that if I deemed it proper, a herniotomy should be immediately done. After a few moments application of the taxis, I felt confident, as did Dr. A. R. Thomas who was present, that the volume of the tumor had lessened.

An ice bag was now applied to the groin, and aconite ϕ and morphia given internally. That night relief of pain and nausea was marked, and the following day there were three offensive evacuations of fæces, accompanied and followed by large quantities of gas. The pain and sensitiveness in the tumor, however, remained and rather increased, and the temperature stood at 101° F.

The next day the general symptoms were much the same, with increasing inflammatory symptoms in the tumor. And the 3d day, the nausea returning, and temperature standing at 102° , I determined on an exploration.

Upon dividing the superficial structures, I came upon an abscess cavity the size of a small English walnut, lying within the body of the tumor, which latter proved to be a firm lobulated fatty growth, easily separated with the fingers from the surrounding tissues of the femoral fossa, and continuing by a distinct stalk into the saphenous opening.

To make perfectly sure that no constricted bowel lay beyond, I cut into the pedicle, which, as I suspected, proved to be a thickened hernial sac, but without contents. I could pass my finger readily through the canal and into the abdomen, without meeting any resistance.

The presence of the peritoneal pouch behind and adherent to the fatty tumor explained therefore the obstructive symptoms of a few days previous. I removed both the tumor and sac well within the saphenous opening, and closed the neck of sac with catgut sutures. The rest of the wound was left to heal by granulation under iodoform dressings. Since the operation, now six days, there have been none but favorable symptoms.

CYANURET OF MERCURY IN DIPH- THERIA.

BY

PROF. E. M. HALE, M.D.,
Chicago.

This drug is doubtless superior, in a large proportion of cases, to all other drugs in the treatment of true diphtheria. My experience leads me to this conclusion, but another result of my observation is this: that not all cases require the same dose. While the sixth dilution will act surprisingly well in some cases, in others it is inert. But in such cases if the 3x trit. is given, I observe the curative specific action.

On looking over the various journals which lie upon my table, I find a singular discrepancy of opinion and experience. One pins his faith on the 30th; another on the 12th; another on the 6th. Once in a while a man boldly gives the 2x trit., and sees splendid effects. Allopathic writers get excellent results from the $\frac{1}{60}$ to $\frac{1}{100}$ of a grain, repeated every few hours. All this shows that no single potency can be selected in any disease. The dose must be varied with the age, sex, and idiosyncrasies of the patients.

To illustrate this matter I append the experience of two of the most prominent men of both schools, men who are most identified with the introduction and use of this drug in the treatment of diphtheria.

Now, the veracity of these two writers cannot be impeached. The experience of one is as reliable as that of the other. It will not do to reject the experience of Doctor Selldén because he is an allopath. In so doing we shall imitate the very thing which we most blame in our opponents—namely, that they reject our experience with attenuated doses.

It will be observed that no pathogenetic effects were observed from the larger doses. (The heroic dose of Terebinth must be condemned as absurd and dangerous. A few doses of Digitalis or Convallaria is much safer.)

Now, without bigotry, look on the two pictures presented below. It may teach those who have not a mental hemiopia, that we need not be afraid of tangible doses.

“Dr. von Villers, of St. Petersburg, is reported as having cured two hundred cases of diphtheria with cyanuret of mercury. The earlier cases were treated with the 6th dilution. He says: ‘When I had observed a sufficient number of cases to assure me of the specific character of the cyanuret of mercury, I abandoned the dose I had hitherto used and gradually went beyond the 6th dilution. In this manner I got up to the 30th and remained there, having only gone beyond it on only one occasion. The result of my investigations was to convince me that the higher the dilution, the more precise was the action of the medicine. Since, I have adopted exclusively the 30th dilution I have observed that the diphtheritic exudation disappears in a somewhat shorter time than with the 6th and 12th.’

Dr. von Villers has been known for years as a thoroughly trustworthy and cautious observer.”—*American Homœopath, Jan., 1884.*

“In a communication in the *Allgemeine Medicinische Central-Zeitung*, of September 22, 1883, Dr. Selldén, of Stockholm, relates his method of treatment [of diphtheria] by the cyanuret of mercury. He employs a solution of $\frac{1}{10}$ grain to the ounce, of which, to older children and adults, he gives a teaspoonful every hour or half-hour, day and night. The patient also gargles frequently with the solution. In cases of threatened heart-failure, he gives, in addition, some Tokay wine, and in desperate cases he adds to this a tablespoonful of oil of turpentine in a cup of milk. Great stress is laid upon the treatment during convalescence—fresh air, a nourishing diet, and strict confinement to bed being insisted upon. Of sixty-one cases of contagious diphtheria treated by this method Dr. Selldén lost but three. Several years ago Dr.

Erichsen, of St. Petersburg, proposed the mercuric cyanide as a valuable remedy in the treatment of diphtheria, giving it in doses of $\frac{1}{96}$ to $\frac{1}{48}$ grain. Of twenty-five cases thus treated he lost three. Others who have used the same drug report favorable results, but from the small number of their cases and the absence of systematic observations their testimony is of no great value."—*Medical Record*, Jan. 5, 1884.

DIPHTHERIA AND MERCURIALS.

BY

PROF. SAM'L LILIENTHAL, M.D.,

New York.

In the May number of your esteemed journal you speak rather disparagingly of the use of corrosive mercury in diphtheria (p. 139) and then cured, or at least bridged the case over with cyanuret of mercury, sixth.

In Vol. I. No. 3, p. 158, of the *Zeitschrift der Vereinus Berlinen Hom. Aerzeta* that close observer, Goullon, remarks: "In diphtheritis we usually prefer the iodides of mercury, but we are fully convinced of the specificity of the corrosives. Especially in the most malignant forms of this dreadful disease mercury will always remain a sovereign drug. We do not include here that ominous stage where the diphtheritis attacks the larynx, diphtheritis croup, but only that stage and species of diphtheritis, where the chancrous ulcerations cover thickly uvula and tonsils; we have the characteristic exudation with the ulcerating process wearing its destructive course beneath. Some might indulge in disinfecting gargles, but our chief reliance in this disease rests on mercurials, and we must never forget that it is in the nature of the disease and in the peculiar nature of some patients that amelioration is very gradual; but the final success pays for the steadfast adherence to the well-chosen remedy. In four-fifths of the

cases the use of mercurials from the beginning renders the course of the disease so smooth that only with difficulty one is enabled to carry out the necessary dietetic and hygienic rules.

Just triturate 0.01 Merc. cor. with 4.0 sach. lactis exactissime, or iodide of mercury in the same manner and give three times a day *dry on the tongue* as much as you can put on the point of a penknife, and if you desire brushing over in order to destroy the profuse proliferation of the diphtheritis fungus and to prevent self-inoculation by the exudation, you may be allowed to do it, though it is an unnecessary procedure, but there is never any need of a concentrated solution, 0.5 acid carbolic to 50.0 aqua distil. and 2.0 alcohol suffices; and of this solution put 15 to 20 drops in a cup of water. I (Goullon) do very well without it, for our chief reliance is on mercury. Perspiration breaks out under its use, the fever, with its frequent deliria and frequent adynamic pulse, decreases, the troublesome (occipital) headache and the throat troubles cease, the extruded exudation takes on a grayish appearance, shrinks, and gradually disappears.

Villers *Mercurius cyanuret* has earned a high reputation not only in common diphtheritis, but even succeeded in curing some cases of diphtheritic croup; but those who used it with so much benefit insist upon the medium dilutions, sixth to twelfth, (the thirtieth acts still better) and after its selection let us adhere firmly to it, and we can hope better results from such close adherence to a well selected drug, than from constant changes."

So far Goullon, who wrote this article for members of the old school who desire to investigate the truth as it is found in Homœopathy. I have hardly ever used corrosive mercury in diphtheria; formerly my reliance was on the biniodide, kali bichrom., ice or ice cream for the throat and nutrient enemata steadily given every four hours, and I was fairly success-

ful. The cyanuret of mercury (but a good *fresh* preparation of it, many of our drugs spoil by keeping and a renewal of our armamentarium may be necessary once in a while) in the thirtieth has done well for me. We must individualize the disease, and for the adynamic, quickly prostrating diphtheritis the cyan. is the antidote, and mercury counteracts the foul exudation. Will we ever have a condensed homœopathically specific therapia?

IF NOT DIPHTHERIA; WHAT?

BY

PROF. G. M. PEASE, M. D.

San Francisco.

March 1st, called to see Mrs. G., æt. 42, dark complexion, suffering from a sore throat and great prostration. Had not been feeling well for two or three days. There was considerable redness of the fauces and tonsil mostly on right side, the face was flushed, and there was headache and drowsiness with a full hard pulse.

Belladonna 200th was prescribed. The next day found her much worse, almost complete prostration; left side of throat worse, with considerable deposit of membrane of a gray color, with edges everted, looking much like a saucer. The base, or attaching surface, of the membrane was of a bright red color. Great pain was experienced in attempting to swallow, the pain shooting into the ear. Considerable fetor was also present. A slight huskiness of the voice was noticed, but which I carelessly attributed to the swelling of the throat.

My prescription was Lachesis 200th.

The following day my patient could not speak aloud; the membrane was much more abundant, covering both tonsils and pharynx; respiration labored, with frequent attacks of suffocative coughing, during which the face became nearly purple. Swallowing was very difficult and painful,

the pains still extending into the ears, particularly the left one, and down the side of the neck. The pains would be ameliorated by applications of hot cloths around the neck and on side of the head. If sleeping would be aroused suddenly by a cough, which was accompanied with a tough stringy expectoration.

The breath was so fetid as to compel her attendants to avoid breathing when obliged to be over her.

As she could take no nourishment by the mouth, beef-tea and brandy injections were given. Kali bichrom. 200th was now given.

The fourth day finds the patient in much the same condition, but with more constant and profuse expectoration; there was also a deeply eaten ulcer on the left side of the soft palate.

On the fifth day, at night, she had a sinking spell, becoming unconscious for perhaps fifteen minutes. She has since described her feelings as if she were becoming numb and dying on the left side. The attendants resorted to rubbing and the application of heat, and roused her to consciousness.

No change made in the remedy.

On the seventh day she expectorated large strings and patches of tough membrane of grayish color; respiration much easier, but aphonia still present.

For three days the expectoration remained the same, gradually becoming more profuse and changing into a muco-purulent character. Slept pretty well and could swallow with greater ease.

Gradual improvement followed, and on the 25th had a discharge from the bowels of a tough tubular membrane, about the size of one's thumb, and some eight inches long, one end of it showing streaks of blood.

This was followed by daily discharges of similar membrane, though less in quantity, for five or six days.

The pain extending into the left ear when swallowing, and the aphonia

with but slight improvement continued for fully four weeks, and even after six weeks there remained an occasional cracking of the voice, with a sensation of something in the left side of the throat.

No change of remedy was made after the first exhibition of Kali bichrom.

The passage of the membrane from the bowels was the first indication of any trouble existing in that direction.

Mrs. G. now informs me that the first symptoms she experienced before calling me, were those of oppression in breathing and slight hoarseness.

At the same time, her daughter, æt. 16, was taken with a soar throat, and manifested some similar symptoms, having an evident tracheal complication, but less exudate and fetor. The color of the exudate was yellow and did not curl on the edges, but there was considerable destruction of tissue on the left side. The submaxillary gland on the left side was much swollen.

Merc. cyanuret. 30th was the remedy given for the first few days, but was changed to Kali bichrom. 200th when the cough became a prominent symptom.

She made a good recovery.

BONES AS A DIET.

BY

H. E. DENNETT, D.D.S.

Boston.

In the discharge of their duties, the physician and dentist are daily asked "What shall I do to prevent my teeth from decaying?" The answer should be "Correct your diet." That is, eat such food and only such as contains all its natural elements. If we eat the products of grain, we must eat them with all their elements as furnished by nature. If we eat meat we must also eat bones, or our systems will suffer from a violation of one of Nature's unerring laws. It is conceded that dental decay is the dis-

solving away of the lime salts by vitiated secretions. This is not due so much to a want of cleanliness of the mouth as is commonly supposed; for it is not true that "A clean tooth never decays." One may devote twelve hours out of the twenty-four to the ablution of the teeth and fail to prevent their decay so long as Nature's dietetic laws are violated. Acid will dissolve lime whenever the two meet. Acid saliva may be expected to follow an excessive use of acids or of those elements which are capable of being converted into acids or from a deficiency of the opposite elements.

Dental development in man is discernible as early as the seventh week of intra-uterine life; hence the importance of a strictly correct diet from the first if mothers desire to give birth to children who may have perfectly formed teeth, and perfect health includes perfect teeth, for they are little indicators that denote by their condition that of the whole system, just as a thermometer indicates thermal changes. A mother who passes through the periods of gestation and lactation without a sufficient amount of bone and tooth material in her food will suffer from loss of teeth, neuralgia, rheumatism, and other diseases that result from an impoverished state of the system. The lime from her teeth will be dissolved, taken into the circulation and appropriated by the offspring.

Excepting civilized man, all flesh-eating animals eat as much of the bone with the meat they consume as they can break with their teeth sufficiently fine to swallow, and all have good dental organs. Place before a tribe of Indians every thing the earth produces in the shape of food, and they will eat only animal food so long as that lasts; but put them upon a reservation and feed them as civilized people feed themselves, and decay of the teeth is sure to follow. Take from any carnivorous animals their supply of bone which Nature furnishes with the flesh, and dental de-

cay is the inevitable result. Several years ago, the lions in the Zoological Gardens of London were fed upon the thighs of horses. These being large and hard they were unable to break and eat. As a consequence their young were born with cleft palates and died shortly after birth. Subsequently they were fed upon deer and other small animals, when their young were born with perfectly formed palates and lived. Veterinary surgeons have long known that certain diseases of their dumb patients can only be successfully treated by feeding to them bone meal. A dam too aristocratic to gnaw bones gave birth to successive litters of rickety pups; but after being fed with food containing a liberal percentage of bone meal she produced perfectly healthy ones and by the same sire. Even our domestic herbivorous animals thrive better when bone is added to their bill of fare. The cow, which every year gives birth to young, suffers from an excessive drain upon her supply of bone material, and craves bones to such an extent that she will try to masticate even very large ones, as every farmer's boy can testify. Arguments in favor of eating bone to prevent decay of the teeth as well as to cure a long catalogue of bone and kindred diseases might be continued indefinitely, but as "A word to the wise is sufficient," it seems only necessary to add that a long and continued experiment has been made upon a family with the most satisfactory results. The bones used were selected from perfectly healthy animals, carefully cured, finely granulated and incorporated into soups, gravies, bread, etc., in the proportion of from one to three spoonfuls to each pint of soup, gravy, or flour. The relative proportion of nutritive elements in one hundred parts of different kinds of animal food have been found as follows: Beef, 26; mutton, 29; pork, 24; chicken, 27; brain, 20; blood, 21; codfish, 21; white of egg, 14; milk, 7; bone, 51.

PARTIAL PARALYSIS FROM REFLEX IRRITATION, CAUSED BY CONGENITAL PHYMOSIS AND ADHERENT PREPUCE.

BY

ARTHUR A. CAMP, M.D.,
Minneapolis.

This topic has been almost entirely ignored in our text books, and in the preparation of this paper, I have gleaned my information mainly from Prof. L. A. Sayre, from whose writings on this subject and from correspondence with him, as well as from some personal experience, I am convinced that it is a matter which is frequently overlooked; and did we recognize its importance, as we should, we would make prompt cures by removing the *cause*, when, in spite of all our efforts at fine symptomatology, we meet with mortifying failures.

In many children partial paralysis, lack of power of co-ordination, and apparent idiocy are dependent, in a great part at least, upon some irritation of the genital organs. In males this is sometimes due to a constriction around the glans penis, producing continual priapism, the result of which is wasting and exhaustion of the nervous system, sufficient to produce more or less paralysis, and, in some instances, complete loss of speech and of vision. In girls, on the other hand, much the same results are produced by an irritation of the clitoris, which is not uncommon. All kinds of treatment for such cases are utterly useless, unless we recognize and remove the cause of the irritation. Its action is precisely analogous to that of a thorn, or some other foreign body, penetrating the tissues; we cannot expect relief so long as such foreign substance is permitted to remain and to keep up the irritation.

In examining some cases, notably in girls, we notice a white point surmounting the clitoris. This is composed of hypertrophied nervous tissue which acts like an electric battery upon the lower extremities when irri-

tated by the hand or otherwise. In males, after operating for the relief of the constricted prepuce, we almost invariably find a roll of hardened smegma behind the corona, and this foreign substance, together with the constriction, is the cause of irritation so severe, in every respect like the hypertrophied nervous tissue.

Of course this condition presents itself to us in all degrees of severity, from one of simple irritation to that of complete constriction of the prepuce—and so its symptoms will also vary. Prominent among the most marked cases, are the following symptoms: Sometimes the patients are to all intents and purposes idiotic. They are neither able to speak nor walk, nor to feed themselves, sometimes they are blind. On account of falling, and reflex convulsions of the extremities, the disease by an inaccurate observer might be called epilepsy. The patient usually sits cross-legged, and in some there presents such a rigidity of the tendons that it is almost impossible to produce flexion of the legs. Certain phases of this deformity have been mistaken by even astute observers who have been on the point of operating for a club-foot, as the following extract from Transactions of the American Medical Association will show.

On the 9th of February, 1870, Dr. Sayre received the following note: "Dear Sayre: Please let me know at what hour you can come to my house to see the son of Mr.—, of Milwaukee. The little fellow has a pair of legs that you would walk miles to see. Yours truly,

J. MARION SIMS."

Dr. Sayre says: "I immediately went to the doctor's office and found a most beautiful little boy of five years of age, but exceedingly white and delicate in its appearance, unable to walk or stand erect without assistance, his knees being flexed at about an angle of 45°, and the doctor had sent for me to perform tenotomy upon his hamstring tendon.

"After a very careful examination I discovered that when I amused the child and distracted his attention from himself, I could with very little force easily extend both of his legs to their normal length, but as soon as I released my hold of them they would invariably become flexed again, and no irritation that I could produce upon the quadriceps muscles was sufficient to extend the legs except in the very slightest degree.

"I soon satisfied myself as well as Dr. Sims that the deformity was due to *paralysis* and not *contraction*, and it was therefore *necessary to restore vitality to the partially paralyzed extensor muscles rather than to cut the apparently contracted flexors*.

"I therefore had him sent to my office for the purpose of applying the constant current of the galvanic battery. In its application, while passing the sponges over the little fellow's thighs, the nurse cried out: 'Oh, Doctor, be very careful, don't touch his peepee, it's very sore,' and upon examining his penis I found it in a state of extreme erection. The body of the penis was well developed, but the glans was very small and pointed, tightly imprisoned in the contracted foreskin, and in its efforts to escape, the meatus urinarius had become as red and puffed out as in a case of severe granular urethritis; upon touching the orifice of the urethra he was slightly convulsed and had a regular orgasm. This was repeated a number of times and always with the same result. The nurse stated that this was his condition most of the time, and that he frequently awoke in the night crying because 'his peepee hurt him,' and the same thing had often occurred when riding in the stage or car; the friction of his clothes exciting his penis would cause erection. As excessive venery is a fruitful source of physical prostration and nervous exhaustion, sometimes producing paralysis, I was disposed to look upon this case in the same light, and recommended circumcision as a means of relieving the

irritated and imprisoned penis. This was performed on the following day, assisted by Dr. Yale, who administered the chloroform, and Dr. Phelps, in the presence of a number of my private students. The prepuce was pulled well forward, and cut off with a pair of scissors, when the *tegumentary* portion readily glided back over the glans, leaving the mucous portion quite firmly adherent to the glans, nearly to the orifice of the urethra. Seizing the thickened mucous membrane on either side of the glans with the thumbs and finger-nails of each hand, it was suddenly torn off from the glans penis, to which it was quite firmly adherent, nearly to the corona. Behind the corona, there was impacted a hardened mass of sebaceous material, almost completely surrounding the glans. This was removed: the mucous membrane which had been torn off from the glans was split in the center nearly down to its reflection, and, being turned backward, was attached to the outer portion of the prepuce by a number of stitches with an ordinary cambric needle and very fine thread. The penis was then covered with a well-oiled linen rag and kept wet with water. No untoward symptoms occurred, and in less than two weeks the wound had entirely healed, and the penis was greatly increased in size.

"The prepuce was sufficiently long to cover the glans, and could be readily glided over it without any irritation whatever. From the very day of the operation the child began to improve in his general health; slept quietly at night, improved in his appetite, and, although confined to the house all of the time, yet, at the end of three weeks he had recovered quite a rosy color in his cheeks, and was able to extend his limbs perfectly straight while lying on his back.

"From this time he improved most rapidly, and in less than a fortnight was able to walk alone with his limbs quite straight. He left for his home in the West about the first of April, entirely recovered, having used no rem-

edy, either iron, electricity or other means to restore his want of power, but simply quieting his nervous system by relieving his imprisoned glans penis, as above described."

Dr. Sayre reports three other cases, which I will note as interesting and instructive. He says:

"On the 7th of April, 1870, three cases of hip disease came over to my office within a few minutes of each other. One from Dover, N. J., the others from the city. The two latter were little boys about seven and nine years of age, rather delicate in appearance, and each of them in the second stage of hip disease. After questioning in the most careful manner I could find no *local cause* for the complaint. They had received no injury, fall, blow, wrench or strain that I could get any information about and I was somewhat annoyed, as, in the immense majority of these cases, I have always been able to trace the disease to some *local* origin, rather than to a constitutional dyscrasia. While I was examining the third case, to my surprise I found that, like the other two patients, I could not trace this disease to any distinctly recognized injury that he had ever received. He never had any severe fall, wrench, bruise, blow or any other injury of the joint which his father could call to mind. When examining his hip my thumb came in contact with his penis, which became erect almost immediately, and presented an exceedingly curious appearance. The penis was quite large but very short, and had a long, worm-like, projecting prepuce, with an exceedingly small orifice, which admitted a small probe for nearly half an inch before the glans were reached."

The most marked and interesting case occurring in my own practice is the following:

E. R., a bright little fellow of four years, had the following history: He seemed to be a healthy infant, well nourished and suckled by his mother, except that he never cared to creep.

He would sit in a chair or on the floor for a long time, perfectly well contented, but it never seemed to enter his head to locomote from place to place. His legs were well developed, and flexible, but he seemed to have no knowledge of their usefulness. When sitting on the floor he sat cross-legged. At night, when sleeping, his legs would be drawn up to his thighs, and thighs flexed on abdomen. As he grew older, he did not seem to overcome his aversion to the use of his legs and he began to develop nervous symptoms, that were attributed to *worms*. At this juncture, or when the child was about two years old, his nervous symptoms predominating, his parents consulted a physician who, unable to find definite cause elsewhere, for his trouble, and finding an elongated foreskin, covering a penis in a state of semi-constant erection, circumcised him. The result was a remission of his nervous symptoms and, at first, an improvement in his general health. But it became necessary for the family to leave the locality where the operation had been performed shortly after it was completed, and for about two years before I saw him the child had been under no one medical attendant for any continued period of time; the parents thinking that their boy was paralyzed, were content with rubbing his limbs and trying to encourage him to use them.

When I first saw the case, he could retain neither *fœces* nor urine, but passed them whenever and wherever he chose. If he laughed, he was liable to either urinate or defœcate; if he cried, the same result was almost sure to follow. The face was pale, anæmic; appetite capricious; short, hacking cough; restless sleep; body well developed; abdomen pot-bellied. The parents told me he had been circumcised, and having read Dr. Sr. Sayre's articles on "adherent prepuces being the cause of partial paralysis," was much interested in the examination of the penis. Evidences of the previous circumcision were

plainly visible in the clubbed appearance of the foreskin, but I could not detect any corona glandis. The fossa between it and the body of the penis was entirely filled up with cicatricial tissue, and the furrow was completely obliterated. The penis was in a state of semi-constant erection, and he objected most decidedly upon having it examined. I determined that the cicatricial tissue was the essential cause of his having no control over the sphincter vesicæ et ani. He was placed under the influence of ether, and the cicatricial tissue dissected down to the body of the penis. The cavity was filled with threads of linen, saturated with a solution of calendula, and each day for a month or six weeks until the incision healed from the bottom, this daily dressing of calendulated threads was wound around the head of the penis, until, when the wound healed, he had a perfect corona. When this was accomplished, the involuntary stools and incontinence of urine ceased. But the lower extremities were slow to show any signs of improvement. It is now over eighteen months since the operation was performed, and the general tone of the case has most markedly improved. For the paralyzed condition of the lower extremities and "slowness in learning to walk," I have given him Brucea antidysentrica 30 (see Lilienthal's *Therapeutics* first ed., fol. 108, and second ed., fol. 133) and after a time followed it with strychnina phos. 30.

These two remedies are bringing him to such a condition, that he can raise his feet four and one-half inches from the floor, whereas when I first saw him he could not raise them from the floor at all. He can walk at the present date, six steps alone, whereas when I first saw him it was all he could do to support his weight on crutches. He continues to have perfect control over both sphincters vesicæ et ani, and has lost, in a most marked degree, that erotic nervous condition which was almost second

nature to him, when he came under my treatment.

In conclusion, I would not wish to be considered an enthusiast on the subject of this article. But my position in the matter is this: I do not believe that enough importance is attached to it, and I am convinced that if we were more on our guard, looking out for a material cause for our nervous symptoms, instead of being so prone to lay the difficulty to *worms* (that protean myth in a great majority of cases), we would have a new field, and a most satisfactory one opened to us, and one in which we might be the instruments for accomplishing much good.

COMA.

BY

CHAS. PORTER HART, M.D.,
Wyoming, Ohio.

Coma is often regarded as a profound state of sleep, or the opposite of insomnia, and in one sense this definition is true; for as insomnia is a state of extreme wakefulness (pervigilium), so coma, a term derived from a Greek word signifying "deep sleep," is a state of profound insensibility, somewhat allied to sleep, but in which the loss of consciousness is more complete and absolute than in any form of true sleep. Hence the terms sopor, lethargy, and stupor are employed to designate the lesser degrees of insensibility, from that of sleep, properly so called, up to that of profound anæsthesia, in which there is complete loss of consciousness, that is to say, true coma. And as there are different degrees of stupor, so there are different degrees of coma, namely, what is known as the comatose state, coma, and profound coma, the last of which was called by the older writers *carus*, the gravest of the graver states of unconsciousness and insensibility. In this condition the breathing is very slow and stertorous, accompanied by puffing of the cheeks; the pulse, which at first is strong

and regular, becomes feeble and irregular; there is often lividity; and the pupils, which are generally excessively dilated, are immovable and totally insensible to light. But in the lighter forms of coma there is usually more or less delirium; the patient mutters slightly, and grasps feebly, but unconsciously and without purpose, at any object in his way. This is the form of coma met with in many low fevers, whilst the former is the coma of apoplexy. The symptoms of coma above given are sufficiently characteristic, in most cases, to distinguish this affection from every other. It is important, however, to remember that even complete insensibility is not always coma. Thus, in *syncope* we have insensibility or unconsciousness resulting from a cutting off of a due supply of blood to the brain; whilst in *asphyxia* we have a similar result from an interference with the function of respiration. Again, we may have a condition of profound *narcosis*, resulting from the poisonous effects upon the brain of opium, alcohol, and other drugs, or of certain urinary products which the kidneys have failed to eliminate (uræmia). In all these cases we have, in addition to the comatose state, certain characteristic symptoms belonging to each affection, the presence of which will always serve to distinguish the condition from that of simple coma. Thus in *syncope* there is fainting; in *asphyxia*, deficient respiration; in *narcosis*, the peculiar effects of the agent or drug producing it; and in *uræmia*, convulsive movements, vomiting, etc. The most common cause of coma is cerebral hæmorrhage (apoplexy). Coma may also result from sunstroke, long exposure to severe cold, typhoid and other low fevers, epilepsy, erysipelas of the head and face, inflammation of the cerebral meninges and various organic diseases of the brain and its membranes, such as tumors, multiple embolisms, etc. Coma, in whatever way it may be produced, is always an extremely dangerous condition; for if the patient

cannot be roused at all within one or two days at furthest, or if the coma does not gradually diminish in intensity by passing into the state of simple stupor, it will probably soon terminate in death. One of the most important matters relating to the treatment of coma is that of food or nourishment. Nothing should be allowed to the patient, in the way of aliment, except water and the juice of oranges and grapes. Any thing more than this is certain to do harm. It is folly to suppose that coma can be relieved by medicine or in any other way, while the blood-vessels are kept in a state of repletion by the ingestion of any form of nutriment. I should not deem it necessary to mention so obvious a matter, were it not that I have more than once seen the lives of patients placed in the greatest jeopardy by this senseless course on the part of nurses, and I am sorry to say, of intelligent physicians also. *Belladonna*.—Stupor with snoring, dark red face, swelling of the cheeks, and congestion of blood to the head; deep sleep, attended by screaming, singing, muttering, or frequent startings; eyes half open, but insensible to light. *Bryonia*.—Great drowsiness or heavy stupor, with or without delirium; moanings and startings in sleep, with fever, and sometimes with loud cries. *Camphora*.—Sopor and delirium, with chilliness and coldness of the body; talking and snoring in the sleep; congestion of blood to the head; face red, but sometimes pale. *Chamomilla*.—Soporose condition, with feverishness, restlessness, especially in children; talking or screaming; comatose condition of children during dentition, especially when caused by diarrhœa. *Helleborus*.—Sopor, especially when resulting from an attack of acute or chronic hydrocephalus; fever, with hot head and cold hands and feet; urine scanty or suppressed. *Lachesis*.—Comatose symptoms, especially when resulting from erysipelas of the head and face; constant sopor after the cessation of

the pains; tossing about, particularly in children, with moaning. *Phosphoric acid*.—Sopor, especially in the daytime; being aroused, he answers correctly, but immediately falls asleep again; typhoid fever, particularly when accompanied by profuse sweating. *Pulsatilla*.—Deep sleep, with snoring inspirations; valuable in cases complicated with erysipelas. *Rhus tox.*—Especially valuable in the coma of typhoid fever and erysipelas; sopor, with snoring, muttering, and grasping at flocks. *Nux moschata*.—Sopor, with or without delirium; valuable in low forms of fever, especially when accompanied by putrid or colliquative diarrhœa; also in children during the diarrhœa of teething. *Opium*.—Profound coma, such as occurs in apoplexy, with stertorous breathing, dilated pupils, dark red and bloated face, and feeble, irregular pulse; mouth open, eyes half closed, and insensible to light. *Secale cor.*—Long-continued stupor, with delirium and startings; cold, viscid sweat; face red or pale; fœtid and colliquative diarrhœa; suppression of urine. *Stramonium*.—Deep sleep, with stertorous respiration and a bloody froth at the mouth; epileptic coma. *Tartar emet.*—Coma with constant yawning and stretching, especially when arising from irritation or congestion of the brain; great prostration, with trembling of the limbs; coma of delirium tremens. *Veratrum alb.*—Protracted stupor, especially when accompanying the collapse of diarrhœa or cholera; coldness of the whole body.

OF SPLINTS AND OTHER APPLIANCES IN FRACTURE SURGERY.

BY

T. DWIGHT STOW, M. D.,

Syracuse, N. Y.

(Read before the Mass. Surg. Gyn. Soc.)

My experience in the treatment of fractures has been considerable, varied, and generally successful. Yet,

I do not presume to *teach*, for there are doubtless many members of the profession who can teach *me*; therefore, I simply offer the thoughts herein conveyed rather as suggestions, founded upon reason, observation and necessity.

It will be noticed that I am partial to and praise Ahl's Adaptable Porous Splints. This I do not for any consideration, but because they are the best in market for *general* use. They, with fewer exceptions than seem to obtain for many others, fill the bill. Fractures are of such frequent occurrence, their proper reduction of such vital importance, the means by which fractured bones may be kept in place so indispensable, and the injury to the patient and mortification to the surgeon so great, in the event of non-union or deformity, or permanent loss of use, that any reasonable consideration of the question should not only be deemed profitable, but scarcely second to any in surgery.

The proper reduction of fractures is one of the grandest triumphs of scientific surgery; and the alarm and fears of the patient or of friends, together with the watchfulness and anxiety of the surgeon, constitute it the *bête noir* of the art.

There is a scientific and an unscientific reduction and treatment of fracture. Either may be successful; but while the first, supported by absolute knowledge of the anatomy and functions of all the parts concerned rarely fails, and bears the scrutiny of strict jurisprudence, the second, or unscientific method, is more likely to fail, and then woe to the surgeon whose case comes into court. Right here I will refer to those who claim to be, or are considered, "*natural bone-setters*" — such as the Sweet family of New Bedford and Fall River, Mass., some of whom I know. So far as I could judge, their anatomical knowledge is exceedingly deficient. They reduce fractures by establishing *parallelism* and *comparison*, and meet with some success. But they often get balked, make bad work,

and, in failures, fall back upon other surgeons or their own impecuniosity and irresponsibility. I make this statement from an absolute knowledge of some of the men.

Three steps are to be taken into consideration in treating fractures:

- 1st. Correct diagnosis.
- 2d. Adaptation of the fragments, or reduction, and,
- 3d. Retention in position by splints, etc.

It is of the last, or of the means and appliances, such as splints, weights, adhesive straps, bandages, sand-bags, etc., I wish to write or otherwise call your attention.

It will help us some to bear in mind that, besides the retention of fractured parts in their normal relation to each other, we must also consult the comfort of the patient. A fracture may be never so well or scientifically reduced, yet the retaining apparatus may be so bungling or so badly adapted as to be productive of pain, restlessness and sleeplessness, as to breed fever, to cause displacement or non-union, and thus thwart the object in view.

Therefore, splints should have the following qualities:

- 1st. They should be adaptable.
- 2d. They should be light.
- 3d. They should be sufficiently firm.
- 4th. They should be easily adjusted.

The combination of these qualities will very likely secure to the patient as complete adjustment, and all the comfort possible under the circumstances.

Splints are rarely required in the treatment of any other than fractures of the long bones, viz.: the humerus, radius, ulna, metacarpal bones and phalanges; femur, tibia, fibula, and the outer metatarsal bones, and long phalanges of the lower extremities; also, in fracture of the lower jaw and of the nose.

All other fractures are, with few exceptions, (when plaster-of-Paris casts may be needed) better managed

by simple pads, compresses, rollers, adhesive straps, and slings.

Of course, in reducing and in treating fractures, we must never forget that the antagonism of muscles must be counteracted, as in the relaxation of the deltoid, in fracture of the acromion process; in relaxation of the biceps, in fracture of the upper half of the radius, or of the neck of scapula, or in fracture of the coracoid process of scapula, etc.

Excepting fracture of the femur, within the capsular ligament, or any where in its upper third, I do not know of any fracture of the long bones, that is not, or may not be better treated by the application of "Ahl's Adaptable Porous Splints." Whether for adult or child, they are admirably adapted to the end in view. It may sometimes be the case, that fracture of the shaft of the humerus or of the femur may require the plaster-of-Paris cast, as in the case of restless, nervous, or cachectic persons, children particularly.

The plaster-of-Paris apparatus, and the starch bandage are excellent applications in many cases, but I think they are not nearly equal to and will soon be superseded by Ahl's splints or some improvement of these. The starch bandage is very good, and possesses the qualities of firmness, lightness, and of adaptability; but lacks the ease of application and of progressive adjustment to the diminished inflammation and œdema of the fractured limb, nor can lotions be applied as readily as in the case of Ahl's splints. Again, the starch bandage and plaster-of-Paris dressings cannot be safely or nicely applied during the inflammatory or œdematous condition of a limb, but are mainly applicable after these have materially subsided. The plaster is also very hard to remove, and then there is the great uncertainty of apposition in its use. Furthermore, there is danger of crowding the radius and ulna, or the fibula and tibia together in the treatment of those fractures, a mistake to be jeal-

ously avoided. A few words relative to the treatment of fractures of the extremities. Patent splints, like Day's and some others, are for the most part useless, and worse than useless. At times the counter-extension apparatus of such sets comes in play.

Fracture of the head or neck of the humerus, requires a pad on the shoulder; a moderately thick one in the axilla, extending to the elbow, and Ahl's shoulder splint fitted to and confined to the arm by adhesive straps; the arm brought to the side, the fore-arm at right angle to arm, and supported in a sling so as to relax the biceps, the anterior pectoral muscles, etc. Fracture of the radius requires the radial splint, with the fore-arm in a sling and at right-angle to the arm; the thumb presenting upward and the arm half pronated, half supinated. After ten days or two weeks, passive motion should be kept up, the splint to be returned after such motion. Colle's, or any fracture of the radius, needs close and careful inspection from time to time to see that all is right, and to prevent even temporary ankylosis. Fracture of the ulna is to be treated much like that of the radius, but, by applying Ahl's ulnar splint. When the olecranon, or the neck, or any part of the articulating surface of the upper portion of the ulna is fractured, the arm should be kept straight, so as to relax the triceps and to prevent dragging and undue cartilaginous deposit in the joint. Passive motion should be commenced early, say after ten days.

In speaking of fractures of the lower extremity of the humerus, including its condyles (I omitted to mention) I would say that the straight position of the entire arm with an anterior and posterior pad, not wider than the face of the arm at the elbow, and a well adjusted adhesive strap encircling the elbow is doubtless the best position and appliance. The whole arm to be kept straight by an anterior splint, secured by adhesive plaster or roller. Care-

ful passive motion should be made as early as the tenth day.

Fractures of the carpus, require, simply and mainly, anterior and posterior pads, made flat, and a padded posterior splint, running from the elbow, to ends of fingers, and the fore-arm in a sling. Early, passive motion.

Fractures of the metacarpal bones, or of the phalanges, rarely require more than light, soft, but stiffened anterior pads, and posterior splints of thin sole-leather or paste-board, and the roller. The phalanges may often be kept in place by making the neighboring fingers act as splints; light inter-finger or palmar surface splints, may be used, and kept in place by adhesive straps. Back fore-arm splints may be needed.

Fracture of the femur, at any point along its shaft, or at the neck, or within the capsular ligament, is better kept reduced by Swinburn's method—at least that is my observation. The patient should have nothing on, but wrapper and shirt; should be placed on a good, and not too soft mattress, the affected limb near the outside of the bed. A full, soft, and long perineal pad, to the free extremities of which should be firmly attached a long, not large, but strong cord, the size of an ordinary clothes line, should be applied to the perineum, the cord to be carried along the patient's side, and secured to the head of the bed, on a line with the shoulder. Next, fit Ahl's anterior and posterior splints to the leg, and confine to the leg over a good stocking, by adhesive straps. From these splints extension may be made without danger of hurting the patient, or fear of giving way. Now make counter-extension and bring the fragments into apposition; apply Ahl's femoral splints to the thigh over the fracture, and secure with straps and buckles. This is an excellent method. Soiling sheets, over an oil-cloth, may be drawn under the patient from time to time.

For fracture of the knee or patella, first straighten the limb; next ap-

proximate the parts fractured, and then apply Ahl's anterior knee splint.

For fracture of the tibia, or tibia and fibula, Ahl's anterior and posterior tibial splint, confined by adhesive straps. When the fibula alone is fractured, simply bring the fragments into their normal relation, and rest the leg on a hard pillow. This will suffice.

Fractures of the tarsus and metatarsus, will rarely require more than suitable compresses and lotions. In some cases the fracture-box comes nicely into play, in order to support the leg and foot. Pads or compresses generally do for fractures of the toes.

For fracture of the scapula, a broad flat compress, and the scapula to be fixed to the ribs by snug bandaging. When the head or neck of scapula is fractured, the humerus must be fixed to the side, and the fore-arm borne in a sling.

Fracture of the clavicle may be treated thus:

1st. A not too thick wedge-shaped pad for the axilla.

2nd. Two small cylindrical pads, each two inches long and stuffed with hair.

3d. A suitable sling, a long towel, $\frac{1}{2}$ yard wide, or a strap two inches wide with buckle attached.

Place the pad in the axilla, the base *up*. Bring the elbow forward and to the side. Reduce the fracture; place the small rollers one above, one below clavicle, opposite the line of fracture (particularly useful for thin persons), confine the pads by two adhesive straps made fast to the front and back of chest. Now carry the fore-arm obliquely across the chest, and rest the fingers on the sound clavicle; raise the shoulder to the level of the other, and confine the arm and fore-arm to the chest by passing the towel about the chest and securing it with heavy safety pins.

I would call attention to the fact, often forgotten, that accurate counter-extension combined with normal rotation of a limb, will, in the greater number of cases, reduce any ordinary

fracture ; and that the muscles and ligaments surrounding a fractured shaft or a fractured joint, will act as splints in maintaining reduction ; so that, if proper extension be kept up, it will require very little "splinting" to *keep* the bones in place.

When muscles have been drawn to their normal length, they hug the bone at the point of fracture, tightly, and thus splint the fractured portion ; while the myolemma binding the muscles together, acts as circular bands, tending to compress the parts still more firmly. Thus, we may reduce fracture of the femur, using only sand bags wherewith to steady the thigh at the point of fracture.

I am inclined to think that the time will soon come when fractures of the extremities will be reduced largely on this plan. Many failures and much suffering have followed attempts to do too much. Simplicity and ease, are the main points to be observed.

NOCTURNAL EMISSIONS CURED.

BY

H. WEDELESTÆDT, M.D.,
St. Paul.

January 1st., 1875, J. W., aged 47, married, father of a family of children, applied to me for relief from the above malady. Close questioning revealed the fact that, in his younger years, he had been guilty of masturbation in conjunction with regular sexual connection ; that he had suffered for years and vainly tried nostrums and all schools of medicine. He also was occasionally troubled with discharges of prostatic fluid when urinating after stool. I prescribed *Mercurius sol.* 24x, with no results. *Phosphorus* did no better. At the end of several weeks he complained of incontinence of urine, pain in back, and burning in the urethra. I then prescribed, successively *Cantharis*, *Cannabis*, *Phosphoric acid* and *Pulsatilla*, without any benefit whatever, then gave *Sacc-lact* for two weeks, followed with *Sul-*

phur 30x. Six pellets every night at bed time for one week, next week *Sacc-lact*. I kept him alternating for six weeks with best results. The patient was highly elated, but could not see why I did not give that last prescription at the commencement.

PROGRESS IN CLINICAL MEDICINE.

BY

PROF. J. M. SCHLEY, M.D.,
New York.

(Read before the Homœopathic Medical Society of
New York County.)

In presenting a synopsis of the events of clinical medicine and a report of the manifold advances of practical medicine within the past year, you must readily see what a difficult matter it is. Those of us truly interested in the advancement of our work and who see hourly our many shortcomings, feel that *all* we may read and acquire might be of service to us in our daily professional life.

Things in all branches, whether of trade, history, literature, science and medicine, move on at such a rapid, restless rate, that matters of to-day seem to-morrow as if they belong to the past, and if not to the past, are placed on the shelves of oblivion. So it is with our profession. So much is written, so much is said and heard, on all sides, that one's time seems fully occupied with matters of no moment, and for the hard-working practitioner to dive deeply into volumes dealing with abstract ideas and fine-spun theories seems a waste of time ; and thus it has appeared hard to me, has appeared a difficult task to select a few illustrations of what has been more definitely settled in practical medicine. Of the therapeutics of disease, I need say nothing here, for homœopathy moves on her own even, quiet way, and gives satisfaction to those who follow her laws in a large proportion of cases usually met with. In the near future, though, I think we must be better pathologists to combat

disease more perfectly and satisfactorily.

A very interesting communication on the arsenical treatment of leukæmia and progressive pernicious anæmia, with some remarks on the mutual relation of these diseases, is given by Dr. F. W. Warfvinge, of Stockholm, in a recent number of the *Nordiskt Medicinskt Arkiv*. In four years, since the Hospital of Sabbatsberg, in Stockholm, has been open, eleven cases of progressive pernicious anæmia and a like number of pseudo-leukæmia, but only two of leukæmia. Two cases of leukæmia, 7 of pseudo-leukæmia and 7 of progressive pernicious anæmia were treated with arsenic.

One case of leukæmia, after three months treatment, presenting all appearances of cure, notwithstanding a former glandular enlargement dismissed. The other case, with enormous spleen, went home much improved.

In one case of pseudo-leukæmia, after a few days' treatment, patient left hospital, and in the other diagnosis was made only a few days before death. In the remaining five cases the result was much more favorable. In these cases Arsenic injections into the glandular parenchyma were used, the effect of which was very striking, the diminution of the swellings being rapid and considerable. One of these five patients suffered all the time from asthma, had occasionally severe attacks of suffocation and died in one of them, caused, as was shown in the autopsy, by the pressure of the mediastinal glands, which were much swollen and had not undergone reduction like those reached by the injections. Of the cases of pernicious progressive anæmia, one seemed to be cured of the anæmia, as shown per microscope, when some time after the cessation of the arsenic, nephritis developed and he died. The autopsy proved the absence of the ordinary signs of pernicious anæmia. In another case, brought to the hospital in a dying state, the Arsenic treatment

had, early in its history, brought about a decided improvement. In the third case a cure was brought about after several relapses. In the fourth case patient died from a chronic diarrhœa, apparently brought on by the use of arsenic. In the fifth case patient dismissed from hospital with red corpuscles four times more abundant than at beginning of treatment. Sixth case cured. Seventh case cured. Dr. Warfvinge adds (at the time of writing) that two cases of pernicious anæmia are still under his treatment and are slowly but uninterruptedly improving. Treatment in each case, when satisfactory, lasted several months. Relapses are frequent and patients should be watched for some time. Dr. Warfvinge remarks that the fact of these three maladies—pernicious anæmia, leukæmia and pseudo-leukæmia—being equally benefited by the use of Arsenic seems to show a certain degree of relationship between them, and in proof of this position he passes in review the principal symptoms presented and the anatomical and pathological changes, particularly insisting on the *change in the blood*. In all three there is a diminution of the number of red corpuscles, with a modification of their form and size, the diminution depending less on the decrease in the formation of new corpuscles than on the abnormal destruction of the existing corpuscles. Dr. Warfvinge regards the alteration in the blood as the primary cause of these maladies, and he considers as secondary affections, caused by dyscrasic irritation, not only the changes in the spinal cord, but also the hypertrophy of the lymphatic glands and spleen, and the lymphatic neoplasms in various situations. The alterations observed in the spinal cord, well-known in leukæmia, he has also found in all the cases of pseudo-leukæmia and pernicious anæmia which have been examined after death, and he regards these alterations as common to the three affections, in all of which, moreover, there are anæmia with cachexia, a

disposition to hæmorrhage, especially of the retina, œdema in various parts and transudations of fatty degeneration of different organs, especially the heart. I saw last summer, while in the country, a case of progressive pernicious anæmia, where retinal hæmorrhage was diagnosed by Dr. Boynton and where the patient recovered under Arsenic 1.

Doctor E. Hyla Greeves, Liverpool, England, writes:—It is now an undisputed fact that, even after a considerable degree of regurgitation, either through the mitral and tricuspid valves, complete restoration to the normal condition of these valves may actually take place, and the same may be affirmed, but to a much more limited extent, of the aortic valves, for the physical conditions present at this orifice naturally offer insurmountable difficulties to the process of restoration. Whether this restoration to the normal condition becomes permanent or not, depends upon a variety of circumstances—more especially on the original cause of the lesion, the age, occupation, and mode of life of the patient, and in forming a prognosis these factors must be carefully borne in mind. There is a general consensus of opinion that in cases of anæmia, chlorosis, etc., as well as in general febrile conditions, there is muscular relaxation and general debility, and it is argued with great probability that the muscular substance of the heart is affected in a like manner, for after death in these cases it has been found flabby and relaxed, and in well marked cases of chlorosis, even dilated (from loss of its elasticity) and somewhat hypertrophied. And it is probable that the so-called functional or hæmic murmurs so constantly heard in chlorosis, etc., are due not merely to the anæmic condition of the blood, as was formerly taught, but to actual regurgitation, brought about by the relaxed and dilated condition of the heart itself—due to malnutrition. These cardiac hæmic murmurs are always systolic in rhythm, and their

position of maximum intensity is about $1\frac{1}{2}$ inch to the left of the pulmonary area, and in the same plane, i. e., just over the position of the left auricular appendix. And, in connection with this fact, it is interesting to note that, as Skoda first observed, a mitral regurgitant murmur is occasionally heard only in this area. *Naunyn* attributed this to the better conduction of the murmur along the course of the regurgitating blood. This view is supported by Balfour and others. The fact, too, that the pulmonary second sound is accentuated in cases of chlorosis, indicates increased tension in the pulmonary artery, and is consequently another proof of the regurgitant origin of these hæmic murmurs. Now, inasmuch as this relaxed and dilated condition of the heart is a curable one, if not too far advanced, it follows that under appropriate treatment not only will the heart be restored to its natural condition, but also that the accompanying murmurs will disappear. The following case is an excellent example of this:

J. C., æt. 33, a cook, was admitted to the hospital complaining of general debility, palpitation, noises in the head, swelling of the legs. She is pale, menstruation regular and scant, other history unimportant. *Circulatory system.* The apex beat was indistinctly felt somewhat to the left of its normal position, and on percussion the cardiac dullness was found to be somewhat increased. In the mitral area the first sound is followed by a soft blowing systolic murmur, which can be faintly heard in the axilla. At the base there is a distinct soft systolic murmur, heard loudest in the second left intercostal space, a little external to the pulmonary area, i. e., just over the left auricular appendix; it can also be fairly heard in the aortic area. The second sound is slightly accentuated in the pulmonary area, and diminished in the aortic. There is slight pulsation in the jugular veins, and the ordinary "venous hum" or "bruit de diable," can be

distinctly heard at the root of the neck. Under treatment she rapidly improved. In a few weeks the murmurs, accentuation of the pulmonary second, sound and other cardiac symptoms had quite disappeared. It is scarcely necessary to do more than allude to the fact that systolic basic murmurs (especially audible over the pulmonary area, and slightly to the left of it) are very frequently developed during the course of many acute febrile disorders, especially acute rheuma, all these murmurs entirely disappearing on restoration to health, thus proving that they are not due to permanent changes in the valves or orifices of the heart. They doubtless depend on relaxation of the muscular substance of the heart, due to its depraved nutrition, which allows a certain amount of regurgitation to take place through its orifices, more especially the mitral. As the disease passes away, the blood again becomes normal, the nutrition of the heart improves, and its muscular tissue regains its tone; the orifices are probably closed by the valves, the murmurs disappear, unless the valves themselves are the seat of endocarditis, which of course generally leads to their permanent deformity. The murmurs occasionally heard in chorea, and which disappear on the subsidence of the disease, are also due to relaxation of the cardiac substance leading to regurgitation, brought about by the impoverished condition of the blood in these cases. The following résumé concerning the disappearance of cardiac murmurs may be useful:

The above cases illustrate the fact that although murmurs are among the most constant of the physical signs of heart disease, still their presence does not necessarily indicate the existence of incurable lesions, nor their absence that such lesions are not present. In forming a correct diagnosis and prognosis of *any* case, therefore, too much reliance must not be placed on the presence or absence of murmurs, as is too frequently the case, but other

signs and symptoms must receive careful examination and consideration, for often on them alone is it possible to found a correct diagnosis. The presystolic murmur of mitral stenosis, the most typical of all murmurs, occasionally disappears, the lesion still remaining. Mitral regurgitant murmurs, when due to simple relaxation of the heart's muscle and dilatation of its cavities and orifices, as in chlorosis and general febrile conditions, in most cases completely disappear under appropriate treatment. Tricuspid regurgitation is occasionally a temporary condition, due to bronchitis, pneumonia, etc., and when the cause is removed, this condition is recovered from, as is indicated by the disappearance of the murmurs. Aortic systolic murmurs, due to a permanent lesion at the aortic orifice, may undergo changes in their intensity, but never completely disappear.

Aortic diastolic murmurs in certain extremely rare cases have been known to disappear. In these cases a systolic aortic bruit is always present, which remains persistent, and then indicates the existence of the lesion.

Pulmonary systolic murmurs are persistent when due to an organic lesion; but, if non-organic, may disappear temporarily or permanently.

Doctor Garrod, in his Lumlein lectures on Uric acid and its relation to renal calculi and gravel, has done much to elucidate this important subject—its pathology and far-reaching effects—and its treatment by diet and preparations of lithia salts. Lehman's observations on the effect of different diets on the excretion of the urinary constituents are the most satisfactory and valuable.

EXPRESSED IN GRAMMES.

	Total solids.	Urea	Uric acid.	Salts & ex.
On a mixed diet,	67.82	32.498	1.183	12.746
" an animal diet,	87.44	53.198	1.478	7.312
" a vegetable diet,	59.24	22.481	1.021	19.168
" a non-nitrog. diet,	41.68	15.408	0.735	17.130

Thus agreeing practically with Sir Henry Thompson's dictum as

to the ultimate abolition of stone by diet and alkaline treatment.

Dr. Cameron (Prof. Chemistry, (R. C. S.) *Ireland*.) Dublin Journal Med. Sciences reports several cases of diabetes with low specific gravity, 100 C. and 1005.

RESUME OF SURGICAL PROGRESS.

BY

SIDNEY F. WILCOX, M. D.,

New York.

(Read before the Hom. Med. Soc. of the County of New York.)

In looking over the records of surgical progress for the past year, I have been struck with the fact that this has not been so much a year of original work as was the year preceding, but there seems to have been an inclination among surgeons to put to the test new theories and to try the operations already performed by the great leaders and originators in the profession.

Successful operations of splenectomy, nephrectomy, nephrotomy, rectotomy, pylorectomy, and operations for resection of portions of the lungs, have all been successfully performed. However, there are some new operations and modifications of others, and some new demonstrations of truth which I shall present.

Somewhat antedating the period which this paper is supposed to cover was performed an important operation which I overlooked in my work of last year, and I take the liberty of inserting it here.

I refer to the "Digital divulsion of the pylorus devised and performed by Pietro Loreta, of Bologna, Italy, for the cure of stenosis, resulting from the cicatrization and contraction of simple non-malignant ulcer of the stomach, involving its pyloric orifice."

The details of the operations and cases may be found in the *Medical News* (Phil.) for April 21, 1883, in an article by Dr. Robert P. Harris.

The operation was performed by Prof. Loreta three times, and once by

Dr. Mario Giomini, all within six months, with the results of two recoveries, and two deaths from shock. The results in these cases were no better than those of the four pyloric resections which were performed for non-malignant pyloric stenosis, though the operation of Loreta is probably easier to perform and less formidable in contemplation. The operation is justified on the grounds, 1st, the absolute certainty of death from starvation in case no operation is performed, and, 2d, the non-malignant character of the stricture. The operation was performed as follows: the incision was commenced to the right of the linea alba, about 4 ctm. from the xiphoid cartilage, and "was carried obliquely downward and outward for 15 ctm. to a point 3 ctm. from the 9th costal cartilage." All bleeding is stopped before opening the peritoneal cavity. All adhesions are carefully broken up. "When the stomach was liberated from its adhesions, its pyloric extremity was drawn out and an incision made into it between and at equal distances from its two curvatures, commencing 3 ctm. from the pylorus and extending 6 ctm. in length." The edges of the wound were compressed with T-shaped forceps to stop the bleeding. The index finger of the right hand was then introduced and the pyloric valve penetrated, and after a while the index finger of the other hand pushed along beside it. The two fingers were then placed "back to back" and separated, thus stretching the orifice, the fingers being separated from 5 to 8 ctm. The wound in the stomach was closed up with the uninterrupted sutures of Gély. Carbolized silk with needles at both ends of the thread being employed. After this the wound in the abdomen was closed with silver wire sutures in the usual manner.

Time of first operation thirty-three minutes from beginning of incision in the abdomen to end of the application of the dressings. 2d, fifty minutes. 3d, time not given. 4th, twenty-eight minutes.

The third patient died of shock in twelve hours, and the fourth in thirty-seven hours.

The patients who recovered had no febrile disturbance after the day of the operation, and the gastric intolerance disappeared with the removal of the obstruction. They were maintained mostly on milk, but the yolks of eggs and a little wine was also allowed. After the fifth day roast meat was also given with no harm. The two cases who died were both in unfavorable condition for operation from their compulsory fasting.

In closing his article, Dr. Harris says: "The safety of the gastric wound is largely due to the method by which it is sutured. The mucous coat is not to be penetrated. The best material is pure silk, *i. e.*, free from color, and sea-island cotton. The object of the form of closure is a perfectly water-tight one, and to bring the peritoneal surfaces together to secure a rapid union. This is done by inverting the edges of the wound and bringing its serous surfaces in apposition. The continuous suture of Gély does this perfectly, and there is but one knot when it is tied; the stitches are taken parallel with the line of incision, and after each pair are inserted through the peritoneal and muscular coats by two needles carrying one long silk ligature, they are crossed each to the opposite side for the next pair of stitches, and the silk left slack between. When all are taken, the pincettes are removed, and the loops of silk drawn in order, to the last, which is tied. This shuts in the silk and knot, and throws up a long ridge on the inside of the stomach; any water pressure shuts the lips of this ridge tighter together, and no gastric juice or liquid food can escape into the peritoneal cavity. This stitch may be modified and made more simple of execution, but the same principle of action must be followed to secure an equally favorable result. There is no better suture than that of Gély, and not one in all respects as perfect, but there

are others which will secure a water-tight closure with less time and delicacy of execution."

He also recommends a course of bowel feeding preparatory to the operation in cases where the patient is badly starved.

An editorial in the same number says the great difficulty lies in the diagnosis, and advocates instrumental instead of digital divulsion.

LUNG RESECTION.

"In *Union Medical*, Sep. 2, 1883, reference is made to the experiments of Domenico Biondi on various animals. In fifty-seven cases the entire lung was removed, thirty of the subjects surviving. The failures were attributed to imperfection in the antiseptic dressings. Five cases, in which only a portion of one or both lungs was removed, were successful. (Gior. intemay. delle sc. med., f. 3 and 4, 248.)"—*Year Book of Surgery*, 1883, p. 100.

EXTIRPATION OF SPLEEN.

Dr. B. Crede in (*Archives of Klin. Chir.*) B. XXVIII., H. 2, 401, gives the results of 30 operations for extirpation of the spleen, in which 21 were fatal and 9 successful.

"In five cases the blood was examined and the following conclusions drawn: (1) In the adult the spleen may be removed without harm. (2) Its removal causes temporary disturbance of the blood-making functions. (3) This disturbance is compensated by increased activity of the function of the thyroid gland and of the marrow of the bones. (4) The spleen contributes to the creation of white blood-corpuscles."—*Year Book of Surgery*, 1883, p. 138.

CARCINOMA OF BREAST.

Dr. Küster, of Berlin, read a paper at the German Surgical Congress of last year, on the treatment of mammary carcinoma, and gave the following statistics: In 132 cases, the mammary gland alone was removed 15 times, and of these 15, 13 died in

a short time of return of the cancer. In the other two cases a second operation was performed. "In 117 cases, the axillary glands were extirpated with a result of 21.5 per cent. of cures, after a lapse of over 3 years, and 20.17 per cent. free from return at the end of two years. In every instance the axillary glands were submitted to a microscopical examination, and in but two cases were they found free from disease."

In the discussion following the reading of his paper, some surgeons even went so far as to advise not only the removal of the axillary glands, but even to amputate the arm in cases where the arteries and nerves were involved in the growth. This course was advocated by Esmarch and Von Hagenbeck. — (Special report to *Medical Record*, May 19, 1883.)

HERNIA.

In the *Medical Record* of July 14, 1883, Dr. Robert W. Johnson, of Baltimore, reports a permanent cure of rupture by an operation in which he first reduced the hernia and then cut down to the sac, which he ligated near the external ring, with a cat-gut ligature. The sac was then cut off below the ligature, and thus the peritoneal cavity was not opened. The hemorrhage was checked by torsion, and the edges brought together over a drainage tube including in the uppermost suture the stump of the sac. The operation was done antiseptically, and was successful. A truss was kept on for a while to support the parts. By this operation the doctor thinks the ring is plugged up, and that it is especially applicable to those cases of inguinal hernia in which the two rings are dragged into immediate juxta-position. For, in speaking of the other methods for the radical cure of hernia, he says: "The majority of these operations apply only where there is an inguinal canal. Take away the canal and you rob the operator of his field of action."

Another method for the radical cure of inguinal hernia is described

by Dr. R. A. Vance in the journal of the *Amer. Med. Asso'n* for Aug. 11, 1883.

This is a method by means of introducing sutures, which pass behind the canal and get up inflammatory adhesion. The description is too long and complicated for the limits of this paper, and I will pass it over.

The doctor has operated successfully nineteen times by this method. — *Year Book of Surgery*, 1883, p. 122.

The reduction of strangulated hernia is said to be sometimes accomplished without operation, after taxis has failed, by giving hypodermic injections of morphia over the seat of the rupture. — *Med. Record*, Jan. 2, '83.

From the *London Medical Record* of May, 1883, I copy an abstract of an article from an Italian Journal (*Gazz. Med. Ital. Lomb.*) reporting: "Three cases with well marked symptoms of invagination of the bowel, obstinate constipation, stercoraceous vomiting, pain, etc. Dr. Pedrini, after other remedies had failed to relieve, made the patient swallow five or six bullets and two kilograms (4 lb) of No. 3 shot, at the same time using prolonged and repeated insufflation of air by the rectum. In each case the success of this treatment was complete, relief being quickly obtained, and the patient making a good recovery." It might be well to give this method a trial before resorting to more radical operative measures in these cases.

(To be continued.)

The *London Medical Record* concludes from Prof. Koch's experiments that the only certain disinfectants are chlorine, bromine, and corrosive sublimate. Solutions of one part of the latter to 1,000 parts of water will kill spores in ten minutes, while a solution of 1 in 15,000 is strong enough to arrest the power of development in micro-organisms.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor:

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors:

Profs. S. P. Burdick, E. M. Hale, E. C. Franklin.
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood. Drs. G. N.
Brigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millsbaugh, Mrs. J. G.
Brinkman, Mrs. Julia H. Smith.

Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless endorsed in our editorials.*

SUBSCRIPTION, \$2 per year, in advance. For accommodation of subscribers, this journal is not discontinued until an order is received to that effect.

Remittances may be made by Post Office order, check or inclosed in a Registered Letter, at our risk.

A. L. CHATTERTON PUB. CO.,

New York.

EDITORIAL.

Be charitable to each others opinions and practice.—RITTER.

THE pressure upon our space this month by contributions from prominent members of the profession has compelled us to omit the installment of "One Hundred Consecutive Cases of Diphtheria." The publication of these will be resumed next month, and, we hope, then carried on to completion without further interruption.

*
* *

WE are pleased to present, as our initial article this month, the first of a series of practical papers by the accomplished editor of the London *Homœopathic World*. Dr. Burnett is a graceful and entertaining writer, and his pen has made him known to

Homœopaths every where. Some day we hope he may give his American colleagues the pleasure of showing their esteem for him personally.

Prof. Thomas's article well deserves the 'complimentary vote of thanks which was given to it by the New York society before whom it was read. The idea of hernia, as caused by the pressure of an outward growth, is novel, and we believe is now for the first directly asserted. Profs. Doughty and Helmuth, in the discussion which followed the reading of the paper, narrated corroborative cases, and sustained inferentially the position of the writer.

Profs. Hale, Lilienthal, and Pease contribute valuable articles on diphtheria; and Dr. Dennett, of Boston, presents an old idea in dietetics in a novel and striking manner. The surgical papers of Drs. Stow and Wilcox give variety and interest to the present number, which we trust may be found of practical value to all our subscribers.

*
* *

It is not often that we refer to ourselves, but having now completed the first half of our tenth volume, a brief retrospect may not be out of place. In the past six numbers (January-June) we have presented seventy-one original articles from forty-seven writers, of whom seventeen are professors in our medical colleges; beside this the editor has contributed sixty-five columns of original matter. Seventy-four condensations, or original translations, from foreign periodicals have been given; and fifty-two books have been reviewed. To make the AMERICAN HOMŒOPATH as interesting as

possible the character of each successive number is varied, special prominence being given, as far as opportunity permits, to some one subject. This number is largely surgical in character. In variety of topic, crispness in presentation, excellence of arrangement, and practical value the AMERICAN HOMŒOPATH aims to excel, and to this end cordially invites the co-operation of its subscribers every where.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

A regular meeting of the Homœopathic Medical Society of the County of New York was held in the reception room of the Ophthalmic Hospital, on May 4. Dr. F. E. Doughty, president, in the chair.

The minutes of last meeting were read, and at Dr. Dowling's suggestion, were amended in that portion relating to the case of aneurism presented by Dr. Schley; Dr. Dowling stated that the main lesion was an insufficiency of the aortic valve, the mitral valve being affected secondarily. With this correction, the minutes were approved.

Dr. Massy proposed for membership Drs. R. E. Macdonald, S. H. Smyth, C. C. Howard, all graduates of New York Homœopathic Medical College, seconded by Dr. Cowl.

Dr. Deady proposed Dr. C. P. Hopper, seconded by Dr. MacDougall.

Dr. Sterling proposed Dr. H. D. Schenck, seconded by Dr. MacDougall.

The Executive Committee reported favorably on the names of Mrs. Dr. H. C. Keatinge, and Dr. Harriet D'Esneard Keatinge; and, on being ballotted for, they were unanimously elected.

Report of the Bureau of Surgery, Dr. William Tod Helmuth, chairman; Dr. Wilcox, historian.

Dr. Helmuth said he had been given to understand that during the past year or two surgery had been on the decline in the County Medical Society, and when its honored president asked him if he would become chairman of the Bureau of Surgery, he had replied that he would, and would make an effort to elevate the standing of the society. Whereupon, he had corresponded with several gentlemen, in the city and out of it, and had received very flattering answers about papers which would be sent. Some had come, some had not. He had put himself down for a paper on Ovariectomy and Ovarian Tumors, and when he did this it had escaped his mind that there was a Bureau of Gynæcology, and that it would belong properly to that branch, but having made some progress with it he resolved to finish it and ask the opinion of the society whether he should present it at this meeting, or the next when the Bureau of Gynæcology reports. Dr. Doughty had allowed himself to be put down for a paper on Tracheotomy in Diphtheria, but had since informed Dr. Helmuth he would prefer instead to detail a case of Ovariectomy performed by him lately with success. Dr. Ostram had presented a paper on "Deep Drainage, and a New Drainage Tube." Dr. Nott had prepared a paper on "Teal's Operation on the Female Urethra." Dr. Wilcox had prepared a "Resumé of the Progress of Surgery;" and Dr. Charles W. Thomas, of Philadelphia, had sent him a paper on "Femoral Hernia." Therefore, as chairman of the bureau. Dr. Helmuth preferred, out of courtesy to Dr. Thomas, that his paper be read first, then Dr. Nott and Dr. Wilcox, and if there were time he would take up his own paper, which was very long and of which he would only be able to give a sketch and would exhibit a few specimens. Dr. Helmuth then read Dr. Thomas's paper, which was listened to with interest, and at its conclusion, a vote of thanks was

unanimously passed by the society to Dr. Thomas for his paper.

Dr. Helmuth said he approved of the idea of publicly appreciating the endeavors of physicians at a distance to prepare and send papers to this society; many societies made a practice of sending to prominent men in different parts of the country for papers. He expected a paper from Dr. Hall, of Chicago, which he thought was on the way, on "Sarcoma of the Scapula." He was the more interested in Dr. Thomas's paper because of its originality. Papers on surgery are rarely original.

Dr. Doughty, president, said the paper reminded him of a case which occurred at Ward's Island about two years ago, a femoral hernia in a male. The man was in the hospital for pulmonary difficulty; after a paroxysm of coughing, the hernia was first noticed by members of the staff; taxis was made, a reduction accomplished, and a bandage applied; all went well. After about twelve hours, during another coughing spell, the hernia again descended, and this time taxis was unsuccessful. It was examined by all the gentlemen of the hospital. There was vomiting, pains in the abdomen, mind wandering, etc. Dr. Doughty was sent for; in the man's pocket was found when he entered the hospital a card from the Hospital for the Ruptured and Crippled. On examination, the doctor found a mass of fat, but nothing protruding from the opening. He tore away the fat with his fingers and the symptoms passed away. What the doctors had put back into the opening was hard to determine; there was no sack, no ring to cut and nothing to return to the abdominal cavity. The pain and vomiting disappeared, although there was nothing applied but water dressing; he saw the patient many times afterward, but there was no return of the symptoms.

Dr. Doughty stated that he had been led to change his paper on the understanding that Dr. Helmuth would speak on Ovariectomy, and the

case he presented would be more in place.

Dr. Doughty then read a paper on "A Case of Non-pedunculated Urethra."

Dr. Helmuth stated that the case operated on by Dr. Doughty was a charity patient; after it was done, and she had recovered, she told the doctor she was *much obliged*.

Dr. F. J. Nott read a paper on "Teal's Operation on the Female Urethra."

Dr. Wilcox said he had dilated the female urethra several times for the relief of irritation of the bladder; in the first case without effect, as the symptoms returned in twenty-four hours. The objection to this means of treatment is the tissue at the neck of the bladder.

Dr. Cowl said: Any one who takes the opportunity, at a post mortem, to examine the female urethra will find quite a difference between the resistance at the neck of the bladder and the external meatus of the urethra; the subligament at the external opening of the urethra being quite strong. He did not believe they would afterward dilate longer than sufficient to admit the forefinger.

Dr. Helmuth said he had treated many cases of cystitis, acute and sub-acute, with dilation. He had made a cure in about half the cases, and in the balance some relief more or less temporary. In those cases where the disease was semi-spasmodic without inflammatory symptoms, he thought dilation the most effective, and in those cases he attributes the cure as much to the after-treatment of Belladonna and Eucalyptus as to the dilation. He was glad to hear Dr. Cowl speak of the anatomy of the parts, and how much more lax the urethra appears to be at the neck of the bladder than at external opening. In his opinion conical dilators do not do so well as a dilator which expands with parallel blades. In the cases he had operated on, he had used an instrument made with two parallel blades made for dilation of the cer-

vix ; with a catch to keep them open ; he had done the dilating at one sitting ; he smeared the blades with Eucalyptus, which appears to have a specific action on the urethra of the female, and first brought to his notice by Dr. Woodward ; he would then gradually open the blades a little and allow them to remain so a few minutes, and then expand again until it was sufficiently enlarged ; not to the extent of its expansibility but to the extent of the instrument's motion, about the size of an index finger ; he never gave ether ; after the operation he would soak a piece of lint in Eucalyptus and Belladonna, roll it up and place it in the urethra and allow it to remain as long as it would.

On motion, the hour for adjournment was extended.

Dr. Wilcox read extracts from a "Resumé of the Progress of Surgery during the past year."

Dr. Helmuth said, in reference to the application mentioned, of ether per rectum, it had been tried by Dr. Schley, at the Hahnemann Hospital, and was satisfactory as far as it went. He believed that the amount of ether administered could not be regulated.

Dr. Schley said the case was not a thorough test ; it was given per rectum for about ten minutes and then continued by the mouth ; the patient had become more or less cyanotic and the pulse irregular ; after removing the tube from the rectum quite a large quantity of blood passed. Dr. Ward had spoken to him of having heard of sixteen cases wherein it has been tried, with seven deaths as a result.

Dr. Helmuth said : "Mr. President, I have something to say on ovarian tumors and ovariectomy. It is a subject so vast, so full of interest, so varied in its departments, has caused so much discussion, and elicited so much study, that I scarcely know where to begin. I had intended to give a brief synopsis of the paper I have prepared, and by starting at the beginning, at the root of the subject, discuss the mode of origin of these

growths, which is a part of the subject wherein the literature is comparatively meagre and quite uncertain, even at the present day ; but as we have had so much surgery this evening, and the hour so far advanced, and some of the members becoming affected with ptosis, that I would rather not inflict a long paper on them to-night, and would postpone what I have to say to some other time, perhaps taking it up at the next meeting when the Bureau of Gynæcology reports, if they will allow me ; because to skim over it to-night would be very unsatisfactory. The subject goes back to the fourth week of foetal life and the formation of the ovary ; how the ducts of Flegler are formed ; whether the tumors are the result of the retention of a Graffian vesicle ; whether it is a proliferous tumor etc. ; the many kinds, malignant, semi-malignant, bland, fibrous, etc. ; and perhaps during the past twenty-five years there has been no subject discussed so much as this ; the character of the tumors, classification mode of cure, operations, and general statistics, etc. It would be a pity not to begin at the beginning and systematically go on to the end, and with the permission of the society, I will not present the subject this evening, but at the next meeting, or any evening the society may designate, I will take great pleasure in laying it before the members in detail.

Dr. Dillow thought the Bureau of Gynæcology would have all the papers at the next meeting that could very well be presented in one evening, and moved that a special meeting of the society be held, at some evening convenient to Dr. Helmuth, to be devoted to his paper. This motion was seconded and carried.

Dr. Helmuth suggested Wednesday evening, May the 21st.

The society then adjourned.

CELL PHYSIOLOGY. — If I were younger, I would devote my time to

the microscopical study of cellular life in all its phases. There is the great field of all most important discoveries. I have some fancy at which you will smile, that there is a striking analogy between the cell and the solar system, that later investigators will possibly find that there is in a cell a rotation of planets, nucleoli round a central sun, the nucleus from which heat and light proceed in every way analogous to the greater system.—*Dr. Henry Blumberg, of Southport, Eng.*

MALARIA.—*Dr. Van Bibber, of Baltimore, thus concludes an article on this topic in the Sanitarian (Feb'y. 1884).* It may add interest to the quotation to state that Baltimore is an unsewered city, and that the soil is saturated with filth from its thousands of cesspools. Whether this disease comes from a malaria over the land or from germs in the water, the best means that I know to prevent ague-and-fever (nothing need be said here of its cure), are these: Temperance in eating and drinking, and avoiding during summer entire suits of linen clothes as a summer-wear; drying the air of a sleeping-room by fire, night and morning; building dwelling-houses above the earth, in order to give an air circulation between the earth and the house; avoiding the night air out of doors in certain places; filtering and boiling drinking water; cleanliness about houses and yards; drainage from the premises; high trimmings of trees around houses on sides facing healthy localities; and the removal of all stagnant waters from the neighborhood of dwellings. In a report made to this board of health in 1878, I suggested sprays of carbolic acid to be industriously applied during three months in the year in the houses where chills are known to prevail. All the means are easily enough carried out, and if they will prevent this terrible disease, are fully worth the trouble they will give.

ITEMS.

Dr. Frank L. Vincent has removed to 47 Second Street, Troy, N. Y.

Dr. R. F. C. Brown has removed from Rhode Island to 114 East 24th street. New York.

Dr. G. A. Hall has removed to No. 2400 Prairie avenue, southwest corner 24th street, Chicago.

William Morris Butler, M.D., late of the State Homœopathic Asylum, has removed to 507 Clinton avenue, Brooklyn.

Mr. Theo. Engelback, who has for fifteen years had charge of Bœricke and Tafel business at New Orleans, has now purchased the business, and will conduct it hereafter in his own name.

Dr. W. H. Holcombe, New Orleans, La., says: "I found acid phosphates an admirable remedy for debilitated state of the system, produced by the wear and tear of the nervous energies."

A learned professor, explaining to his students, in a clinical lecture, the liability of musicians in brass bands to diseases of the respiratory organs, finally requested an old German musician, afflicted with consumption to state to the class what instrument he played in such a band. His reply was: "I bla s mit der drum."

Dr. S. P. Burdick removed, April 24th, to the office of Dr. Malcolm Leal, 154 West 34th street, where he may be consulted until his summer vacation. During his absence, Dr. Leal will take charge of his practice. Dr. Burdick will remove to his new residence on his return from California, of which due notice will be given.

Dr. Winterburn, during the summer, will be at his office, 29 West 26th street, mornings only. Hours 9-12. Later in the day he may be found at his residence at: Riverside, Conn. A telegram to Cos Cob will reach him promptly at any time. Correspondence, and articles for the AMERICAN HOMŒOPATH should be sent to his city address.

Beef Peptonoids have high nutritive value, as is shown by the following comparison:

Beef Peptonoids, nitrogenous nutritive matter,		
Caviar,	"	70.29%
Beef,	"	26.00
Fowl,	"	20.00
Mutton,	"	18.00
Eggs,	"	15.00
Bread,	"	13.00
Milk,	"	8.00
Liebig's Ex. Meat,	"	4.00
Potatoes,	"	5.00
		1.00

The flavor and odor of the preparation are exceedingly pleasant, and surpass all other preparations of like nature.

THE AMERICAN HOMŒOPATH.

NEW YORK, JULY, 1884.

COULD BONES BE TAKEN AS A DIET

BY

J. L. CARDOZO M.D., Washington, D.C.

In an article in the June number, current year, of the "Homœopath," written by H. E. Dennett, D.D.S., it is maintained that bones are not only good for the teeth, but even needed for our health; must be taken as a common article of food. I would request the learned writer to explain a few remarks, as I am unable to understand the tendency of his article. As long as the writer tells us about the necessity of mothers, during gestation and lactation, taking in her food a sufficient amount of "bone and tooth material;" that is, their salts, etc., which go to form, to make bone or tooth, I fully agree with him. But as he advises us to eat bones for that purpose, I beg to differ with him. He tells us that "*carnivorous* animals suffer greatly if you take away from them the supply of bone which nature furnishes with the flesh," and brings some examples to prove this fact. Well, no one doubts the truth of it. But man being *not* a carnivorous animal, could not be compared with a lion. If man was destined to chew and eat bones, as lions and bears and hyenas, etc., etc., do, then his jaw-bones and teeth should be formed and shaped like theirs. That the cow eats bones, even large bones, is entirely new to me; I never have heard nor seen it; although I lived for some years in the country. But, then, I never was a farmer's boy. That some cows are seen gnawing at wooden posts has a different origin. So I will not deny that some cows *may* crave bones (a morbid condition), just as I have seen some ladies crave chalk, dirt, clay, etc., as we all know. But now we can learn something from the savages, from the Indians,

that will help us out; they belong to *mankind*. Says the writer: "Place before a tribe of Indians every thing the earth produces in the shape of food and they will eat only"—bones? Well, you would expect the doctor to say that, in order to prove his thesis, but no! he tells us he will eat *animal food*; as for instance, meat *without bones*, milk, eggs, fish *without bones*, etc. Even for the sake of argument granting this to be true, I fail to see how we could learn any thing from that fact in regard to our eating bones. It is known that the horse, even the elephant, never eats an ounce of meat or bones, and no one could say that their bones or teeth are frail or decayed. Again, even were the doctor's *theory* all right, how could we bring it in *practice*? How could we manage to eat bones? that is try to chew and masticate bones? Could we for a moment believe that nature has meant for us to make use of our teeth for that purpose? And last, but not least, it seems that the doctor, knowing the difficulty for man to chew bones like a lion, advises him to burn, cure, grind or granulate the bones—in other words, to take *Carbo animalis*—and use this in large quantities for a long time, "one to three spoonfuls to every pint of soup, gravy or flour." Now, if there is any truth in the Homœopathic law of cure, if we *may believe Hahnemann*, then he, or one of his pupils, has taken of the bones (*Carbo animalis*) doses just as the doctor prescribed, and what was the result? (you can find it in any *Materia Medica*) "*the teeth get loose sensitive to chewing; gums: red, swollen, painful, bleeding: gumboils.*" Now, if this be the result of the bones as a diet, how will that prevent teeth from decaying? Probably, the family attended to by the doctor were suffering from bad teeth; on the point of decaying, and the medicine *Car-*

bo animalis, administered (though in rather large doses) *cured* them. The deduction would be *bones as a medicine* is excellent for bad teeth; *bones as a diet* will ultimately result in their destruction. Perhaps the doctor's intention was only to call our attention to the fact: that the decay of our teeth is in a great measure due to improper food, indigestion (hot drinks, ice cream, spices, acids etc.) besides other morbid conditions of the system—and among the remedies is also *bones as Carbo animalis*. In that case, we may thank the doctor yet.

THE MEDICAL TREATMENT OF INJURIES.

BY

GEO. F. FOOTE, M.D., Stamford, Conn.

The prevailing desire to do something by external medication for traumatic affections, leads to much that is injudicious, and often harmful. A simple solution of continuity, by an incision, is not necessarily a disease *per se*; and, as a general thing, requires no medication, for the simple reason that in most cases there are no symptoms indicating a medicinal remedy. The separate parts are simply to be brought in coaptation, having previously, by ligation, or by torsion, suppressed the hæmorrhage, if important vessels have been severed. This is to be followed by rest, while the *vis medicatrix naturæ* throws out the conjoining plasma and the parts are soon reunited by the first intention, with few if any symptoms, provided, of course, that the system is in a state of health at the time of the injury. In most such cases no medicines are needed. And the universal application of Arnica or Calendula, in their crude forms, or of a medicated salve, is bad practice when viewed from a homœopathic standpoint. They serve only to retard the cure, by their irritating effects. The first and only indication after the needed appliances to hold the severed parts in coaptation, is

rest and time. Dame Nature puts in her handiwork and completes the restoration, if left alone.

But should the offended organism, by reflex action, express itself through suffering, then there is an indication for treatment by the internal administration of a proven drug in its attenuated form, the symptoms alone guiding in the selection of the medicine. And this medicine should be given internally, or upon the tongue, as the most receptive point from which to extend its influence to all parts of the body.

The symptomatology of our medicines are the pathogenetic effects obtained by their internal use. If Arnica has produced suggellations upon the surface of the body it has been the result of an internal administration of the drug prepared from its root, and not from any external appliance of a crude tincture made from the flowers. If Belladonna in its provings has produced a scarlet eruption or a phlegmonous sore throat, it is from the same mode of administration. And so with the provings of all other medicines. It is but rational, then, to suppose that these same medicines would operate best if given internally in obedience to the law of similars.

The common practice with some physicians of applying tinctures or decoctions to the surface, and attenuated medicines internally, or of applying one kind to the surface while another kind is given internally, has no justification in this law of similars, or from the result of experience. The practice is simply a relic of those traditional customs perpetuated without reason because others before us did the same things.

But should there be a contusion, or abrasion, with a pinching of the nerves, followed by continuous pains, a symptom is furnished with indications for a medicine which in very many cases points to the use of Hypericum, which seems to hold special curative relations to symptoms following wounded or compressed nerves.

Thus, in the case of fracture, simple or compound, where the nerve tissue is in the majority of cases contused, there is no remedy within my experience so often indicated and that affords such prompt relief from suffering, as *Hypericum*, in its attenuated form, when placed upon the tongue. I have often seen violent suffering from these wounds or from the pinching of a finger in shutting a door, so common with children, relieved within a few moments after the administration of a single dose of this remedy.

In the case of a sudden shock, by a fall or burn, or from other cause with great prostration, we have symptoms to guide us indicating a drug, at the head of which stands the overrated and too often applied *Arnica*. I say overrated, on account of its having been so universally used as a homœopathic specific by physicians and others as an external application to most traumatic injuries.

A tincture of the flowers of *Arnica* is most generally and erroneously used. Whereas, as above stated, the provings of this valuable remedy is from a tincture made from the root, which was taken internally.

Its indications, however, are only known by the symptoms, and not because of an injury, among the characteristics of which are: Depression of spirits, or unconsciousness; sensitiveness with anxiety and restlessness, giddiness with nausea when moving, cutting or stitches in the head, sensation of coldness, the effects of concussion of the brain with drowsiness and sensitiveness; pain, as having been beaten; chilliness with external heat, etc.

But should there be stupefaction, loss of consciousness, relaxation of the muscles, difficult breathing, stertor or snoring, paralysis or spasms, coma; or should there have been fright, opium is most likely indicated.

Or if there is great restlessness with fear of death, despair, giddiness, fullness and heaviness of the forehead, bleeding of the nose, red face, nausea upon assuming the erect posi-

tion, our attention will be called to *Bryonia*.

If the wound should be a punctured one, with irritability and sensitiveness to noise, or with symptoms of tetanus or spasms, or if taciturn, look at *Nitric acid* or *Belladonna*.

Every one has a repertory and symptomatology, which should be consulted in almost every case. A homœopathic physician must be a book-doctor if he desires to make cures. I never hesitate to take mine to the bedside. It is the only sure way, and it shows to the patient that you are interested in his cure, and gives confidence. The ignorant may frown, or laugh and ridicule; But he that wins will have the best laugh.

The true homœopathic physician must expect opposition, and would naturally feel lost without it; especially if he had been a pioneer similar in new fields of practice. But this should stimulate him to greater exertions in the path of duty.

Bear in mind there is and cannot be any universal, specific drug. Each case calls for its own specific, indicated by its symptoms, which alone should be our guide to the selection of the curative medicine.

Of course much depends upon the dressings applied to give due support and to keep the parts in apposition. The universal application of a roller compressing the soft parts is a great mistake, and does mischief by retarding the return of the blood toward the heart. To repair broken tissue—to remove *débris* and build up the waste places—a free circulation is absolutely essential.

Rollers may be needed to hold splints or other appliances in position; but their application should be with the least possible pressure, consonant with the uses for which they are applied.

Extension with counter-extension, and the sand-bags for simple fractures of the lower limbs, with exposure, gives freedom, and thereby hastens the cure.

Where it is necessary to exclude the irritating effects of the air, as in abrasions or burns, there is nothing so simple and effective as a substitute for the cuticle, as glue—carpenters' glue—applied warm with a soft brush and covered with a thin linen cloth. I have used this for many years with most satisfactory results. It gives almost instant relief from suffering when applied to a fresh burn. It does not grow stiff and hard, being kept pliable by the exuding moisture from beneath; and it does not interfere with the needed drainage. Containing no drug it has no irritating effect. It simply excludes the air and prevents irritation. The use of external medicines is never indicated. Even the application of poultices, either warm or cold, are wholly unnecessary where the indicated medicine is given internally. I have made many comparative experiments with and without poultices to phlegmons and tumors upon my own person and upon others, and I am fully convinced that there is much less suffering in the aggregate, even in a common boil, if left without a poultice or wet compress; the suffering being controlled by the internal administration of the best selected medicine.

While there may be a difference in opinion as to the degree of potentization in which medicines are most efficient, yet there is no controversy among homœopathists as to the necessity of attenuation before using. External applications are generally crude, and are made without reference to the law of similars, and are therefore all wrong and harmful.

All the various nostrums, tinctures, salves, advertised and sold for this purpose, whether by regular druggists or by a professed homœopathist's pharmacist, are for the pockets of the venders, and not for the benefit of the patients.

There is no such thing as a local disease with suffering that is not the expression of some general affection or internal malady.

An external wound is not a disease

until the symptom rebounds with symptoms, the totality of which should guide in all cases the selection of the appropriate remedy.

FOOD AND ITS DIGESTION.

BY

H. D. CHAMPLIN, A.B., M.D., Cleveland, Ohio.

Food is defined by Webster, "Whatever is or may be eaten for nourishment," and in this broad definition are included all substances, liquid and solid, which after ingestion serve to sustain human life, whether they be converted directly into its tissues, contribute by their oxidation to its heat and other forces, or simply furnish conditions favorable to their operations.

Food contains various ingredients, both organic and inorganic, like the tissues and fluids of the human frame, and it is important to note that by itself no single class of substances is sufficient to sustain life, but that several in due proportion must be supplied in order to preserve and maintain the body in its integrity.

It is obvious, that the most economical diet will be one in which there is the most perfect apportionment of each class of constituents to the wants of the system, *i. e.*, one consisting of the following alimentary principles: nitrogenous, non-nitrogenous, and inorganic materials. Nitrogenous food acts as fuel for the production of muscular and nervous force, a certain small amount being also required for the repair of the tissues of the organism, which are slowly consumed. Non-nitrogenous food acts, first, in the way of fats, as a force producer and former of fatty or adipose tissue. Second, the carbohydrates, which serve as elements of respiration or respiratory food.

Inorganic food, under which are included water and watery solutions of certain inorganic principles, acts in a manner the precise mode of which is not as yet known. Common

salt presents one of the most familiar illustrations of an indispensable substance ; its importance might be inferred from its well-known solvent properties over albuminoid substances.

Milk and eggs may be regarded as furnishing us with a typical dietetic representative of all these principles above named.

A necessary condition of estimating the value of any substance as an article of food, is in its digestibility. A vegetable or an animal tissue may contain an abundance of albuminoid or starchy matter and still, at the same time, be of such unyielding consistence as to be insoluble in the digestive fluids, and, in consequence, useless as an article of diet. Hence, any hard alimentary substance can be rendered more digestible, and increased in value as an article of food, by any process which softens and disintegrates it. The preparation of food by cooking is a necessary process, though doubtless in its refinement its good is too often perverted.

By cooking, two objects are accomplished. First, the food is disintegrated and softened so that the gastric juice in the stomach may the more effectually and fully act upon its particles ; and again, an agreeable flavor is imparted, which stimulates the gastric follicles to pour out an increased flow of their digestive fluid.

By a chemical analysis of food we gain much positive information as regards the nutritive qualities of the different kinds we use, and much of our physiological knowledge as to its value has been put upon a sure and sound basis through the fortunate experiments of Dr. Beaumont upon Alexis St. Martin. Though the contents of his gun made a perforation through the walls of the stomach, the man survived and, in consequence, Dr. Beaumont was enabled to make examinations and perform interesting and valuable experiments. By introducing the various kinds of food into the stomach and then watching the effects of the digestive process, he ascertained many important facts.

For example, in the digestion of vegetables. Boiled rice requires only one hour, while cabbage boiled took four and one half hours.

Boiled lamb required two hours and fifty-five minutes, while roasted pork took five hours and fifteen minutes and so on.

It is interesting to compare the results of Dr. Beaumont's experiments upon St. Martin, and observe how close the result coincides with mankind's experience.

The hunter, who has never had opportunity of looking into the stomach, knows that for a long tramp he must have something which will "stay him" longer than deer meat, which Dr. Beaumont found was digested in one hour and thirty minutes, and surely no ocular demonstration is necessary to prove to one who makes the essay that pork and cabbage require greater effort of digestion and longer time than lamb and rice.

The more nitrogenous our food the greater its percentage in calcareous matter; an important fact to bear in mind in the hygiene of children, who are prone to suffer from the various diseases of bone at that time of life (rachitis, etc.). Hence, a diet composed principally of fruit, from its lack of nitrogen, is not fitted for the age of adolescence, but rather is best adapted to old age, for during old age every organ in the body is especially prone to ossific depositions. Hence, we find in the aged imperfect circulation owing to the heart becoming partially ossified, and the arteries blocked with calcareous matter, interfering with that free passage of blood upon which nutrition depends.

For the prevention and cure of certain diseases traceable to dietetic errors, it was once the rage to prescribe the so-called chemical foods. As, for instance:

Common salt,
Phosphate of lime,
Chloride of potash
Sulphates potash and soda,
Magnesia and iron salts,

all mixed together. The object

being to guard against human ills generally by a single condiment, thus reminding one of the early attempts of our "old-school brethren" to drive off disease by administering a compound of medicinal roots, numerous in quantity, in the hope that one at least would meet the case and prove an antidote, while the remainder, finding their services were not required, would reserve their force and quietly withdraw from the contest, or at least produce no pernicious effect upon the patient.

Digestion is accomplished in the alimentary canal; where the food is brought under the action of certain digestive fluids, which liquify and dissolve it; these fluids being the secretions from the mucous membrane of the alimentary canal and the contiguous glandular organs which pour their secretions into this canal.

Because the food, always consisting of a mixture of substances having different physical and chemical properties, the digestive fluids must necessarily differ from each other, each one exerting a peculiar action which is more or less limited to particular species of food.

The action which is exerted upon the food by the digestive fluids is by no means that of a simple chemical solution; it is an actual transformation by means of which the ingredients of the food are altered in character at the same time they undergo the process of liquefaction.

The active agent in producing this change, in every instance is an organic principle entering as an ingredient into the digestive fluids and which by coming into contact with the food exerts upon it a catalytic action and transforms its ingredients into other substances.

The newly formed substances resulting from this catalytic action are absorbed by the vessels, and finally mingled with the general current of the circulation as blood, by which the system is sustained and nourished.

The food in order to be digested is

acted upon by no less than five different digestive fluids.

First, the saliva in the cavity of the mouth, which acts upon the starchy (carbon and hydrogen) elements of the food, converting them into sugar; and this action, though not so marked as the action of the secretions further on in the alimentary canal, is one of no little importance, and, some of the forms of indigestion which the physician has to combat in his practice are doubtless a result of the useless waste and expenditure of this secretion in the habit of smoking, and more particularly the *filthy* habit of chewing tobacco.

Second. The gastric juice in the the stomach acts upon albuminoid elements like the gluten in bread and casein in milk.*

Third. The bile from the liver, whose action upon digestion remains to be established, but it seems to be auxiliary to that of other digestive fluids.

Fourth. The pancreatic fluid from the pancreas, which acts upon starch, converting it into sugar, which it does with *great rapidity*, at the temperature of the human body. Its chief action, however, seems to be that of emulsifying fats.

Fifth. The intestinal secretions from the follicles in the intestinal canal, which continue and complete the digestion of the starchy elements of the food.

In this way the digestion of the different ingredients of the food goes on in a continuous manner from the stomach throughout the entire length of the small intestine.

At the same time it results in the production of three different substances, viz :

Albuminose, produced by the digestion of albuminous matters.

A chylous fluid, from the emulsion of fats, and glucose, produced by the transformation of starch.

* I was quite amused, not long since, by being informed by one of the *hot-water maniacs* here, that gluten was formed in the stomach and the said hot-water washed it out.

These substances are ready then to be taken up into the circulation, and as the mingled ingredients of the intestinal contents pass successively downward through the intestine, the products of digestion, together with the digestive secretions themselves, are gradually absorbed by the vessels of the mucous membrane, and carried away by the current of the circulation.

PRENATAL INFLUENCE.

BY

EUGENE CAMPBELL, M.D.,
Fairfield, Iowa.

There are very few physicians but that have believed that strong impressions made on the maternal mind at some period of gestation will cause corresponding marks or deformities in the fœtus.

Many of us are led to believe this before we commence the study of medicine, and believing it and finding that others in the profession do, we do not investigate the subject, or if we do so our firm belief leads us to carry on the investigation in so careless a manner that no reliable results can be obtained. What first led me to investigate the subject carefully was on reading obstetrics to find that the nervous system of the fœtus and the mother were entirely separate, and that being true physicians failed to show how an impression made on the maternal mind could be carried to the fœtus except through the nervous system.

I either had to find some new explanation of how impressions are carried without aid of the nerves, or I had to find the nervous connection of the fœtus and mother. On failing to do this, I commenced to think this theory was similar to our weather prophets. They always remember when their prophecies come true, but the failures are easily forgotten. So on entering the field of practice I was on the lookout, but fate was against me the first summer, as I had

but few obstetrical cases, and the babies were not marked. But I soon found that it was almost the universal belief among the women, especially the nurses, that if the mother had any great desire for any article of diet, that it must be gratified, or else the child would be marked with a spot similar to that longed for. I remember one case especially, I had been called to attend, a case of confinement, and as usual there was nothing in favor of or against this theory, as the baby was not marked.

One of the neighboring women who was present at the time said to me that she had a child that was marked with a strawberry on his arm, which was caused by her constantly wishing for strawberries the first few months of pregnancy, but as it was in the winter season she was unable to obtain any.

I went to see the child and found a red mark on the arm about the size of a cent, but it would take a very vivid imagination to make it look like a strawberry. The second summer I was more fortunate in my investigations. Mrs. C—— called at my office one day to consult me in regard to a scare she had received. Said the day before as she was reading she was startled by loud screams from her little brother who was playing in the back yard, and on going out found he had been bitten by a dog, and his face was covered with blood. Under the impulse of the moment she carried him to the pump and washed the blood from his face.

Her mother coming home found her all excited, and commenced to scold her and tell her now her child would be marked; that she should not have washed the blood off, but should have sent for her.

She said she was in the second or third month, and was very much alarmed for fear her child's face would be marked. I tried to quiet her fears by telling her that there was no reason to be alarmed for there was no danger. She left the office feeling easier on the subject, but still

having fears, and both she and her mother often referred to the subject. Six months afterwards I waited upon her and a bright boy made his appearance, and free from any marks or deformities. The child is now four years old and shows no effects of the fright.

The next case that has any bearings on this subject, the mother had received no fright but had been troubled with the usual longings, but with that exception had suffered less than formerly (was the mother of four children). The child was born with both feet badly deformed. On inquiry the mother at the time and afterwards said she never could remember seeing any one deformed in a similar manner.

Mrs. X. was a large fleshy lady, but very nervous and hysterical. Her neighbor had an idiotic daughter who was very repulsive to the sight. As they were neighborly she often saw the child. When pregnant the appearance of the child made her very nervous and she could not sleep at night for fear her child would be like her neighbor's. During labor she had a spasm and the child had to be delivered with forceps. The child was a well-formed, bright girl baby, and is as bright as any child of its age, which is now between two and three years. I could go on and give other similar cases, but so far I have not seen one that would make me think that there is any foundation in the belief of mother-marks having any thing to do with impressions made in the mother's mind.

If a child is born deformed or marked it is not very difficult for the mother to think of some deformed person she has seen, or some fright or article she has longed for that might have caused all the trouble; but if not marked, although there may have been a dozen reasons (according to the theory of mother's marks) why the child should be marked, these are all forgotten. The only way to find if there is any truth in this theory is to follow Dr. William Hunter's plan, who noted down two

thousand consultation cases. "In each one of these as soon as the woman was delivered, he asked if she had been disappointed of any thing she had longed for, and if so, what it was; also, if she had been suddenly shocked or surprised in any way, and how, or frightened by any unsightly or horrid object, and what." The questions and answers were carefully written down, and then the child was examined, and in all that number of cases he never found a coincidence. He found some marked when no cause was given, but never found one marked when a cause was given.

If we, as physicians, will be as accurate as Dr., H. although our practice may be more limited, I think we will find more against this theory than we will in its favor.

IF NOT DIPHTHERIA; WHAT?

BY

G. WIGG, M. D.,

East Portland, Oregon.

The above question was asked in the June number of the AMERICAN HOMŒOPATH, page 154, by Prof. G. M. Pease, M. D.

I have no doubt but it was a case of Diphtheria; but that his patient got well, she did so in spite of the prescriptions. Neither Belladonna, Lachesis, nor Kali bich. was called for by the symptoms, so much as was Phytolacca dec. I think (yet I may not think right) that had he given that remedy at his first, or even second visit, she would not have had that sinking spell on the night of the fifth day. How plain and loud did the drowsiness, prostration, aphonia, cough, sputa, difficult oppressed respiration, with suffocating feeling in the throat and lungs, call for Phytol. dec. And that there might be no mistake, the ear symptoms sounded the right key-note. Kati. bichro. has sharp shooting pains in left tonsil, extending into the ear; but, it is relieved by swallowing. Phytolacca dec. has "*shooting pains in both ears when swallowing; right side worse.*"

WHAT TO OBSERVE IN CHOLERA.

BY

MAHENDRA LA'L SIRCA'R, M.D.,

Calcutta.

The general impression is that cholera is the easiest disease to diagnose and understand. So far as diagnosis is concerned for purposes of distinguishing it from other allied diseases, perhaps the impression is correct. But so far as diagnosis is concerned for distinguishing its varieties, and individualizing its cases, for purposes of treatment, it is one of the most difficult diseases to deal with. The main symptoms, purging, vomiting, anuria and collapse, are so prominent, that it does not require an educated eye to tell whether a case is one of cholera or not. And these cases appear to be so similar in all the cases that to the uneducated, and even to the educated eye, cases of cholera look very like one another. But nothing can be further from the fact. Not only do different epidemics and outbreaks differ from one another, but even in the same outbreak there are marked differences between one case and another.

Such being the case it becomes a serious question with the profession whether different remedies are not called for in different outbreaks and even in different cases in the same outbreak. To the orthodox physician who treats disease on general principles, this differentiation of outbreaks and cases may be thought to be hardly of any importance. But to the physician who treats disease on the homœopathic principle this differentiation is absolutely necessary. We have, in order to facilitate this differentiation, jotted down the following notes relative to the points to which the attention of the physician ought to be directed in cases of cholera. We believe that whatever the views we hold regarding the treatment of the disease, such scrutinization of the minutæ of its symptoms will lead to the elucidation of its nature and

causation, and may thus lead to its proper treatment.

We think the physician would be better able to observe if he keeps in view the stages which the disease in its typical form presents. These stages, as pointed out in this journal (1869), may be considered to be five in number, as under :

1. Stage of Incubation, of Invasion, or of Preliminary Symptoms.
2. Stage of Full Development.
3. Stage of Collapse.
4. Stage of Reaction.
5. Stage of Sequelæ.

We need hardly add that every case of cholera does not run its course through all these stages. Thus in the virulent forms the first stage may be entirely wanting, or more properly speaking, may so rapidly pass into the second as to be indistinguishable. And in more virulent forms still, the second and third stages may be one in which death would successfully preclude the formation of the fourth and fifth stages.

The Preliminary Stage may be said to extend from the first departure from health to the time when the evacuations, ceasing to consist of the natural contents of the hollow viscera from which they proceed, become watery. The evacuations are invariably described as rice-water like. Though they generally resemble this stuff, they do not do so invariably. Rice-water has some consistency, and is whitish. The evacuations in some cases can hardly be distinguished from ordinary water.

The Stage of Full Development commences with the commencement of watery stool and vomiting, and may be said to extend till the pulse becomes extinct or nearly so at the wrist, when Collapse is generally said to set in. It is in the Stage of Collapse that the greatest number of deaths take place. It is much easier to say when this stage ends, which is either in reaction or death, than when its begins. Collapse is the highest degree of vital prostration, only short of, but verging toward, actual disso-

lution. More or less of it is present from the very beginning of the second stage or the stage of full development. But as death cannot take place so long as there is pulse at the wrist, we have assigned its beginning at the time when the pulse has disappeared or is about to disappear from the wrist.

The Stage of Reaction begins with the reappearance of the pulse at the wrist. Reaction may terminate in a gradual return to health, by the restoration of the various secretions; the bile, the urine, etc. Or it may be imperfect, lapsing in collapse again. Or it may be abnormal, giving place to the Stage of Sequelæ, in which the whole system, or some particular organs, from some inherent weakness, being unable to recover thoroughly from the original shock of the disease, or from its subsequent ravages, or, as is not unfrequently the case, being hampered by injudicious medication, take on abnormal action, and suffer from congestion or even positive inflammation, which, if not judiciously managed, will often lead to a fatal result.

Such are the various stages which a typical case of cholera will generally pass through. There are symptoms peculiar to each stage which it is essential for the successful treatment of the disease to observe with care.

I. In the first or Preliminary Stage the physician should direct his attention to the following points :

1. In taking the history of a case the physician should not remain satisfied till he has come to the very first departure from health preliminary to the actual commencement of the characteristic symptoms of the disease. For how long this departure from health has been going on, and what its nature ?

2. In the next place the physician should trace the cause of this departure from health, and this may be done either to some irregularity in food, or other irregularities, such as night-keeping, exposure to cold or

heat or both, mental anxiety, attendance on cholera patients, using water from tanks or other sources in which cholera dejections have been thrown. As a general rule people of this country are most careless and uncleanly in their habits. Not the slightest concern is felt about the proper disposal of the dejecta of cholera patients. They are allowed to go about anywhere and everywhere, mixing with food and drink, without exciting alarm or even suspicion about the disastrous consequences that might and indeed do follow in this way. This is sometimes the manner in which, after the breaking out of one case in a house, several cases follow in rapid succession. The neighboring tanks and even streams are sure to be polluted by this reckless disposal of the evacuations of cholera, and it is thus that the disease may be spread from house to house and from village to village. It is our conviction that the dust of the streets may be thus contaminated, and may thus help in its propagation and spread.

3. The physician would find it important to note what was the very first symptom which ushered in the disease, whether it was vomiting or purging. If vomiting, what was the stuff thrown up ? If the ingesta, in what state, absolutely undigested, or partially digested ? Whether the vomited matter contained acid or bile or both ? If purging be the first symptom, what was its character ? Did it contain undigested food ? Was it fæculent at all, or was it from the beginning watery ? Was it bilious ? Was it offensive ? Was it preceded, attended, and followed by pains in the abdomen, colic and gripes ?

4. When did the first vomiting or first stool take place, that is, in what part of the day or the night ? It is generally believed that when cholera begins after midnight, it proves the most severe. Experience has not substantiated this view. But experience ought to be multiplied in order to institute

a comparison between cases occurring in different periods of the day, as to their number, severity and fatality.

II. In the Stage of Full Development the following inquiries should be instituted:

1. When did the patient begin to feel loss of strength? Before or after the vomiting and purging? When did the voice begin to change, before or after the evacuations?

2. Are there cramps at all? If so, when did they begin, and where? Generally it will be found that the lower extremities are the first to suffer from cramps, then the upper, then the muscles of the abdomen and chest, and then the muscles of the face. But the physician should not be satisfied with this general rule. He should note the precise order of the development of the cramps. He should note where they prove the severest. He should note whether the flexors or the extensors, or both flexors and extensors are affected by cramps? He should particularly watch if the diaphragm and other respiratory muscles are the seat of the cramps. The heart may be the seat of cramps, and life may be extinguished when they are severe or prolonged.

3. The character of the evacuations as to their quantity, color, consistency, smell, frequency, and composition should be carefully noted. The force with which they are ejected differs in different cases. Sometimes there is simply oozing out of fluid, sometimes the gush is like that of a torrent, sometimes the fluid is spurted out, sometimes comes out like a shot. Sometimes there is an alternation of oozing and gushing or spurting, etc. It should also be noticed whether the stools are passed voluntarily or involuntarily, consciously or unconsciously.

4. It is in this stage that the variety of the disease should be ascertained. Thus if the downward evacuations are predominant we have the diarrhoeic variety; if the irritability of the stomach is most distressing,

manifested by nausea, continued retching and vomiting, we have the gastric variety. We have seen cases in which there has been no nausea or vomiting from the beginning to the end. It remains to be seen if there are cases with vomiting only, purging being entirely absent. The gastro-enteric variety is marked by both vomiting and purging being equally frequent. In the spasmodic variety the cramps are the most distressing symptom, and are generally out of proportion to the evacuations, though sometimes they may seem to be in direct ratio to them. The inflammatory variety is characterized by a full, bounding, but not incompressible pulse, heat of the abdomen and sometimes of the general surface. When the prostration is quite out of proportion to the evacuations, when the countenance at once becomes livid or blue, the pulse rapidly fails, the voice becomes a whisper, the perspiration is profuse and clammy and seems to take the place of the evacuations, in other words, when the second and third stages mingle together and the latter predominates over the former, we have a most difficult variety to deal with, which we may call the asphyctic or the syncopal variety, according as death results from asphyxia or syncope. There is what is called a dry variety, *Cholera Sicca*, in which collapse is said to have taken place without any evacuation, leading on, unless checked, to death.

5. In this, as in the other stages, the presence of thirst and its character should be particularly inquired after. As a general rule thirst is present, but we have seen cases, and of the most deadly description too, in which thirst has been entirely absent. When thirst is present, we should notice whether the patient wants water at frequent or at long intervals, whether he is satisfied with small quantities of water and wants it again, or whether the thirst is insatiable with any quantity.

6. We should note what effect the

drinking of water has upon the existing symptoms, whether the water drunk is immediately rejected and thus tends to increase the vomiting; also whether it provokes the purging. Or whether the water taken has a soothing effect upon the stomach.

7. The mode in which the water drunk passes into the stomach, whether noiselessly or with a gurgling noise, should be noted. Also whether the water seems to be arrested in the middle of the œsophagus.

8. The patient's condition as to restlessness or comparative repose should be noted. Whether there is continual tossing about, or at intervals only. Whether there is stupor, interrupted by groans and (in children) by shrieks and cries. The cause of this restlessness should be ascertained, the patient's own version being taken, though that version may not always be correct. Very often the patient complains of excessive burning of the body generally, and of the stomach in particular, and this burning is then the cause of his restlessness. But restlessness may arise from no apparent cause. The patient tosses about because he cannot help doing it.

9. The mental condition should be carefully noted, whether he is calm and resigned, or tormented with fear of death, or with some sort of anguish he cannot express.

III. In the Algide Stage or Stage of Collapse the same observations as above ought to be made, with particular reference to the following:

1. The condition of the respiratory organs. The number and character of the respiration should be noted. As a general rule the respiration will be found to be quick and labored. Sometimes it may be slow and sobbing.

2. The condition of the circulatory apparatus. Is there any pulse at the wrist, if not at the brachial, or at the axillary artery? The heart should be ausculted, to determine the force of the impulse and the distinction between the systolic and diastolic

sounds. It is of the utmost consequence to ascertain if the collapse is due to paresis of the heart or spasm of the pulmonary capillaries and arterioles.

3. The presence or absence of perspiration, and its character and locality when present, should be observed. The temperature of the surface all over the body should be carefully examined.

IV. The Stage of Reaction should be most narrowly watched. The choleraic symptoms may develop anew, but in normal reaction this is short-lived and indicative of returning vitality. It should be the duty of the physician to interfere as little as possible in this stage. The lamentable consequence of interference very often is the development of severe and grave sequelæ. It is natural for the stool and vomiting, if they have been persisting, or if they have returned with returning vitality, to gradually assume the bilious character, and we have seen the most hopeful cases transformed into hopeless ones by treating them as bilious diarrhœa and vomiting with drugs which have these symptoms in their pathogeneses. The physician therefore should note—

1. If the stools and the vomitings refuse to become bilious. If they do so for a long time, it is then that he should interfere.

2. If the reaction has a tendency to fall back into collapse and in what way, whether from deficient oxygenation of the blood, or from failure of the heart, or from the condition of the blood itself.

3. If the reaction has a tendency to become abnormally violent, leading to implication of important organs in congestive, inflammatory, or other morbid processes, and thus ushering in—

V. The Stage of Sequelæ. Two things are necessary to be borne in mind in the treatment of this stage. First, that there is more or less congestion in almost all the organs in every case of cholera, after reaction

has set in ; secondly, that this congestion is with an impoverished and poisoned blood. The blood is impoverished, having become deficient in water and in some of its essential salts ; it is poisoned, having become surcharged with certain constituents which require elimination, but which, owing to the paralyzed and congested condition of the organs by which they are eliminated, have not been eliminated by them since the full development of the disease. Bearing this in mind the physician should make particular inquiries as to which of the organs are most affected. As a general rule he will find that the brain, the kidneys, the stomach, the colon, the small intestines, the liver, the lungs, the buccal cavity, the eyes, the skin, the reproductive organs are affected, and that the frequency with which they are affected will be in the order in which they have been named. We would draw the attention of the practitioner to the following remarks which we made about the *sequelæ* in this journal in 1869 :

The most frequent and the most formidable *sequelæ* are the affections of the brain and the kidneys. It is generally supposed that the cerebral derangements are consequent upon and secondary to suppression of the urinary secretion. We believe, however, that the brain and the kidneys suffer primarily and simultaneously in the first instance, and that subsequently they react upon each other. The re-establishment of the renal secretion, which opens out a safety-valve for the elimination of the urea and other deleterious products of tissue-waste, very often succeed in relieving the cerebral organs. Hence it is that after the subsidence of the violent symptoms, the purging, the vomiting, and the collapse, the first thing that is most anxiously and with just concern looked for, is the appearance of the urine. Nevertheless it is not invariably that the restoration of the functions of the kidneys is followed by clearance of the cere-

bral symptoms, which may go on increasing to the extent of culminating in death, in spite of copious emissions of urine. This proves one of three things, either that the brain has been independently affected, or that its derangements have proceeded so far as not to yield to depurating processes going on in the blood, or that the urine secreted is simply the water exuded from the blood, and does not contain its proper constituents.

Next in order of frequency (under ordinary allopathic treatment) though not the next in point of gravity, are the derangements of the digestive apparatus. Hiccough, retching, bilious vomiting and diarrhœa, tympanites, even gastritis, enteritis, and dysentery ; these are the various forms which these derangements assume. Considering the rapidity with which the digestive organs, which have been the focus as it were of the disease, resume their normal state and functions, we are strongly inclined to believe that the gastro-enteric derangements which follow the reaction of cholera are chiefly due to the treatment adopted ; and we are confirmed in this view by the fact that these derangements are rare occurrences under homœopathic treatment.

We have next to direct our attention to fever of an adynamic type which not unfrequently sets in after reaction, which, in fact, is an exaggerated form of reaction, being only an expression of an abnormal excitement of the circulatory system. This fever may be *sui generis*, or an accompaniment of congestion of the viscera. The latter, however, may be present without there being any fever associated with it, and *vice versâ*. Nevertheless, in treating this fever, it is necessary to institute a searching examination of all the organs, in order to detect any congestive or inflammatory process that may be going on in them.

Asthenia, though not a very frequent, is nevertheless almost invariably a fatal, *sequela* of cholera. It seems to be a continued imperfect re-

action. It is indicative of a most profound depression of the nervous system. The patient, in spite of the food that he takes and apparently digests, not only does not improve, but day by day loses ground, becomes weaker and thinner, till at last he dies as if of inanition. In the course of this, abscesses form in various parts of the body, the corneæ become ulcerated and ultimately slough out. The first sign of asthenia in a cholera patient is a congestive condition of the conjunctivæ associated with want of lustre in the corneæ, the lower margins of which will be found, on close inspection, to have become whitish, and either already invaded by an ulcer or about to be so. In females, in addition to this state of the eyes, there is very often hæmorrhage from the uterus. The parotid glands seem to be the first to suffer from the suppurative process set up in the economy. Bed sores as a rule are formed on the nates. They also form over the scapulæ. In the worst cases, these parts become sloughing and even gangrenous. The mucous membrane of the oral cavity becomes red and ulcerated. The gums become spongy and swollen, and blood may ooze out, and even hæmorrhage take place from them. Cancrum oris is not unfrequently met with, and most especially in cases where calomel has been largely used.

In the treatment of cholera, in all its stages, but especially in the stage of sequelæ, the practitioner should bear in mind one circumstance which has an important bearing upon the disease, and therefore necessarily upon the management of it. This is the probable complication of the disease with the existence of worms in the intestinal canal. This is a most troublesome, and often, especially in young children, a most dangerous complication. In Bengal this is a most frequent complication too. Of late years helminthiasis figures largely in the statistics of disease of this country. It would seem that hardly any native of Bengal is free from in-

testinal parasites. A single dose of Santonine would, we are sure, expel at least half a dozen of lumbrici from any one's bowels. We do not know to what particular cause to attribute this. We believe it is due to bad drinking water aided by the immoderate use of sweet-meats. It is a notorious fact that water in Lower Bengal, whether of tanks or of streams, has sensibly deteriorated.

REGINA DAL CIN: THE STORY OF A HEROINE.

BY

ALEXANDER WILDER M.D.,

Newark, N. J.

Several years ago there appeared in the *Galaxy*, a paper by Captain Luce, former commander of the Arctic and other ocean steamers, describing Madame Regina Dal Cin as a successful practitioner in various dislocations and disorders of the joints. Another paper was published in a medical journal by Dr. Smith of this city, who had been rendered a helpless cripple, but was restored by her art to normal soundness. These two accounts were placed in the hands of the Hon. Stewart L. Woodford. The daughter of General Woodford, now a young lady, had been crippled from early childhood by hip-joint disease. He had placed her under the care of accomplished surgeons to no good purpose, had resorted to mechanical expedients fruitlessly, and procured treatment at Miss Nivison's Sanitarium in Western New York, with great advantage to her health, but leaving the original difficulty as it was. He now resolved to try again. He took passage for Europe, and proceeded to Italy where he found the celebrated practitioner.

Madame Dal Cin was then about sixty years of age, and belonged to the peasant class. She lived in a house of her own, and was in the enjoyment of a modest competency, the proceeds of her calling. Her services were widely sought, some in carts and some on crutches. She

took pay from those who had money, but gave her labor freely when the sufferer was indigent. Nobody was turned away on account of poverty.

She was very conscientious, and would not undertake a cure unless she felt sure of her ability to afford relief; but she only required a slight examination to enable her to form her judgment. She seems in this respect to resemble the late Armand Vosseau, of Paris, who used to diagnose from intuitive impressions, often with no employment of any of the professional appliances and interrogations so popular with men not naturally gifted. The peasants believed the woman possessed of supernatural powers. She, however, made no such claims. Nevertheless, being a devout Catholic, she attended church twice a day, and so kept up a strong mental tension, as well as confidence in her power to treat her patients successfully.

Miss Woodford remained at the place about a year, deriving marked benefit from the treatment. Her mother, who was with her, finally persuaded Madame Dal Cin to accompany her patient to the United States, in order to be able to continue till a cure was perfect. She consented on the condition of being permitted to treat others at the same time. In this way she became domiciled in Brooklyn till the autumn of 1880. It has been said that her contemplated stay in this country was shortened by the threatened enforcement of a statute which, after being defeated, had been stealthily carried through the Legislature—if its enactment was not a fraud outright. Madame Dal Cin had suffered persecution from doctors at home, and had good reason to distrust those of Brooklyn. Still, I doubt the story. She probably had stayed out her time, and on that account left for home.

Regina Dal Cin was the daughter of an innkeeper named Marchesini, and was born in the village of San Vendemiaire, near Correggiano, in upper Italy, April 19, 1819. Her

mother, Marianna Zandonella, was possessed of a rare skill in bone-setting,—an aptitude which had been inherited from a family celebrated in the same manner. She was actively engaged in such works when her more famous daughter was born. Regina, while growing up, had frequent opportunities to witness her mother's skill, and an accident gave opportunity to prove her own ability in this same pursuit.

Marianna had been summoned for an operation in a distant village, and a wagon was waiting at the door. Regina, then only nine years old, besought permission to go with her. The mother objected, but the child carried her point with her tears and entreaties. The road was rough and full of bad places; the wagon upset and threw them both to the ground. The mother sustained a fracture of the right leg. Regina lost no time in helping her to a serviceable spot by the roadside, and there attempted to set the bone. Her mother gave the necessary directions, and the little girl was able to bring it into place, and to secure it with a simple bandage improvised for the exigency. The crippled woman was taken home, and kept her bed forty days. Regina was her sole attendant, making an efficient as well as affectionate nurse.

This mother's bedside was her preparatory school. The house was visited by individuals in quest of professional assistance. Regina undertook, under her mother's directions, to perform many difficult operations. Her success soon made her as celebrated as her mother.

The next year she left home to live with her brother at Auzano. She now applied herself to study with greater ardor than ever, and was permitted to examine dead bodies at the Hospital of Cenada, a district of the city of Vittoria. At this time her understanding and judgment developed rapidly. She felt herself growing every day in the skill essential to her art. An intuition that seemed never to err characterized her obser-

vations and decisions. She possessed an exquisite sense of touch which enabled her to perceive the condition of the most minute and remote parts of the human body. She read histology like an open book. Her reputation was presently noised abroad, and her patients multiplied so rapidly that she was called upon to treat every form of fracture and dislocation.

At the age of eighteen she married Lorenzo Dal Cin, of Auzano. Her professional labor had not enriched her. It was no easy thing for a peasant, uneducated at college, a woman, and under age, to extract remunerative fees, particularly when her patrons were as poor as herself—and the poor generally are infected with the pestilent notion that all benefits of skill rendered to them must be gratuitous. The bride would have been destitute of the means for her marriage feast, had she not treated four cases of dislocation on the fateful morning, and received enough to permit the extravagance. A year later she was a mother and a widow.

Her troubles now began with the members of the medical profession. A cartman from Alfago, in the province of Belluno, was run over by his wagon, and his leg broken. He was taken to an inn in Cenada, where the surgeon who visited him decided upon amputation of the injured limb. The ensuing morning was fixed upon, and the patient had resigned himself to the operation. Some one, however, told him of Madame Dal Cin, and urged him to send for her while there was yet a possible chance for him. She was accordingly summoned, and after a careful examination declared that an operation was not necessary, and a perfect cure was possible. He placed himself under her treatment, and was able, a month later, to leave his bed and walk about his room, and to return to his work. This success was followed by the results which are too common to reflect harm on medical men as a scientific profession. The doctors who had been first employed immediately complained of

her to the civil authority for practicing a profession for which she had not been legally qualified. Several of their associates also attacked her with ridicule and vile language. In due time the case came to trial. The man whom she had treated was present, perfectly well, and gave his testimony enthusiastically in her behalf. She was acquitted on the charge, but the judges warned her not to perform any more operations.* The statute was explicit, and the magistrates were very strict in its enforcement.

For twenty-four years—1843 till 1867—Regina Dal Cin abstained from the open practice of her art. Divine as was her skill, she met, as every one who has ever made a real advance in the healing art has been sure to meet, misrepresentations and persecution. She had acquired all the knowledge that her mother had possessed, and at this time had added to it the acuteness to perceive the nature of the difficulty in disease, and treat it with the happiest results. She seemed to have mastered the hidden properties of the muscles; her treatment was safe, and its benefits speedy and marvelous. She continued to practice secretly, following literally the example of Jesus Christ, who "healed many, insomuch that they pressed upon him, as many as had plagues; and he straightway charged them that they should not make him known."

* Acts of the Apostle, IV., 13-19—"Now when they saw, the boldness of Peter and John, and perceived that they were ignorant and unlearned men, they marveled; and they took knowledge of them that they had been with Jesus. And beholding the man that had been healed standing with them, they could say nothing against it. But when they had commanded them to get aside of the council, they conferred amongst themselves, saying, What shall we do with these men? For that indeed a notable miracle has been done by them is manifest to all them that dwell at Jerusalem; and we can not deny it. But THAT IT SPREAD NO FURTHER among the people, let us straightway threaten them that they speak henceforth to no man in the name of Jesus. But Peter and John answered and said unto them, Whether it be right in the sight of God judge ye."

So Madame Dal Cin employed every precaution to keep her operations from the public, and enjoined silence on her patients. Enough, however, did become known, from time to time, to afford new pretexts on the part of her adversaries. It was her fortune to be sedulously ignored in regard to the benefits which she had conferred, and persecuted for them.

Three or four manly physicians, however, resolved to prove her by her works. Of these men were Alessandro de Mori, Francisco Gagiotti, Doctors Trogier and Bartoletti. Finding her no impostor or pretender to powers which she did not possess, they encouraged and defended her as best they were able.

In 1867 her enemies found an opportunity. She had replaced a dislocated arm for a woman at Fadalto. After bandaging the limb, she foresaw the likelihood of inflammation. She accordingly caused the rings to be removed from the patient's fingers, and gave directions to loosen the bandages in case the swelling should give pain. The attendants disobeyed this order, and did not consult her again. A physician was called, who amputated the arm. The charge of malpractice was speedily preferred, and Madame Dal Cin was duly arraigned. She defended herself with great courage. The doctors who conducted the prosecution endeavored to prove her ignorant and a quack. For this purpose they interrogated her in regard to the technical names of the bones and muscles, as though the knowing of names borrowed from a foreign and dead language constituted scientific learning. She listened to their tedious and pedantic disquisitions till patience had ceased to be a virtue ; then interrupting them, she replied : " You, Signors, are able to name bones, but I can set them in place."

She was convicted, of course, and sentenced to imprisonment for two months. The case was carried to the Court of Appeals, and the decision reversed. She was honorably acquitted

and the judge again forbade her to operate. This time she asserted her God-given right with a heroine's courage : " I SHALL CONTINUE TO OPERATE AS LONG AS I LIVE."

Madame Dal Cin now engaged boldly in the treatment of other and more difficult cases. She had become prominent in hip disease. In her simplicity and ignorance she had supposed that surgeons understood this complaint as well as others. She was not aware that the men who had sought to smother her with a cloud of technological bacteria, the professed medical scientists, were deplorable ignoramuses in this matter. She modestly imagined that she only excelled in skill and experience. Behold, she was a pioneer, foremost and alone in her attainment in a field where nobody was able to compete with her ; and yet she was ignorant of her own merit and superiority. Nélaton declares it difficult to effect a cure in hip disease ; rarely do surgeons hope or attempt it, if forty days have passed since the complaint has been developed. That is all that so-called science has achieved. Madame Dal Cin has cured hip disease for twenty years and longer.

In 1868, Madame Marietta Fabeni, a Venetian lady with this ailment, visited her, and returned home in eighteen days in health. To save her benefactress from the malignity of the physicians, she was careful to let but very few know of her cure. The facts, however, came to the knowledge of Madame Paulina Rubeli. She had a daughter who was a sufferer from hip disease in the worst form. The bone was displaced, and the contortion made the injured limb overlap the other, producing a fearful deformity. The mother, disregarding the expostulations of the doctors, resolved to consult Madame Dal Cin. Upon an examination she pronounced the case curable, that the hip could be set in place, and the limbs separated, but that the diseased leg would be always shorter than the other, as its growth had been so long arrested.

Madame Dal Cin performed the operation. The girl began to move about in nine days.

The newspapers of Venice now gave Madame Dal Cin the credit which the physicians withheld. M. Canali, in 1870, invited her to visit the city and treat his daughter. This case, too, was successful, and numerous applications followed. She was next invited to Trieste by M. Curenidi, whose daughter was afflicted with congenital hip disease. Again she cured the patient. The third day after her arrival, the Common Council invited her to operate in the city hospital in the presence of the leading surgeons. Her stay in Trieste was a continual triumph. She attended all who needed her services. Finally, when she was about to return, a committee of fifteen citizens waited upon her and presented an album containing the autograph signatures of nearly four thousand citizens as a testimonial of gratitude. The Mayor, Doctor D'Angeli, invited her to be his guest, and the Common Council voted her an address in acknowledgement of her skill, spontaneous generosity, and philanthropy. The citizens offered her a house and a salary of three thousand florins, with unrestricted freedom to practice if she would but consent to live there. Unwilling to forsake her Italian home, she declined.

She returned to Auzano on the 10th of May. Her fellow citizens came out *en masse* to welcome her. Music and fireworks were also employed to add emphasis to their welcome. The government of her country now rendered her tardy justice. On the 6th of June, 1871, the Minister of the Interior, with the sanction of the Board of Health of the Kingdom of Italy, issued a decree authorizing Regina Dal Cin to treat fractures, dislocations, and hip disease. One stupid condition was imposed—that a physician should if possible be present. Nevertheless it is a virtual nullity. Seldom will a surgeon or physician consent to wit-

ness a proceeding under such circumstances.

“The mills of the gods grind slowly
But they grind exceeding sure.”

The persecution of this woman affords a forcible commentary on the boasted Christian civilization of the age. It is alike in every country of Europe. Even the free States of the American Republic ape these barbarians, and some of them have blotched and pock-marked their statute books with authorizations of like atrocity. Yet we forbear not faith. *His Deus dabit finem.*—*Med. Tribune.*

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

A regular meeting of the Homœopathic Medical Society of the County of New York was held June 11; Dr. Doughty, president, in the chair.

On motion, the reading of the minutes of last regular meeting, and special meeting, was dispensed with.

The Executive Committee reported favorably on the proposition for membership of Drs. A. Worrell Palmer and C. Percy Hopper, who were ballotted for and elected.

The president introduced to the members of the society Drs. Harriet D'Esneard Keatinge and S. A. Keatinge; newly elected members.

Report of the Bureau of Gynecology, Dr. Danforth, chairman, was called for.

Dr. Danforth stated that the historian of the bureau, Dr. Brinckman, had been compelled to relinquish her task of preparing a resumé of the progress of gynecology during the year, by a death in her family; the doctor has promised the report for a future meeting.

Dr. Danforth made a few remarks on a speculum invented by Dr. J. B. Hunt, of this city; a modification of Sims's speculum. The instrument at one end is shaped like the ordinary Sims's speculum; at the other end is a broad metallic plate, which, when

in position, rests against the sacrum ; the end, resembling the Sims's speculum, being in the vagina ; a lever attached to a strap passing around the patient's body holds the instrument in position and both hands of the operator are at liberty. The broad end of the speculum is attached by a hinge-joint, allowing it to be placed in a number of positions without motion of the vaginal end. Dr. Danforth said the speculum is in use among physicians of his acquaintance, and has been so useful to him he had thought proper to present it to the society. In cases of lacerated cervixes it had been of great service, as well as in cases of hæmorrhage, where it was desirable to tampon the vagina, and he had been able to get the cervix and vagina in a line with this instrument without trouble.

Dr. Danforth then read a paper on "Fungus Endometritis."

Dr. Doughty said :—Dr. Danforth speaks strongly in favor of the use of the curette in fungus growths, yet I have been unable in some instances, three I call to mind now, to demonstrate the existence of any such growths, nothing coming away in a mass that I could detect. In one case the hæmorrhage was quite profuse after a suspected miscarriage ; I recommended a hat douche with ergot, etc., which stopped it for a time ; next day the hæmorrhage returned and I made up my mind to curette ; the flow was quite active during the operation, but much to my surprise, after going thoroughly over the entire surface nothing came away ; the hæmorrhage ceased after the operation and did not again return. In the two other cases the hæmorrhage ceased after the operations. In one case I curetted two or three times without bringing any thing away, and without stopping the hæmorrhage. I believe in those cases Dr. Danforth has described that curetting is the proper treatment, and even though nothing be brought away it is proper.

Dr. Danforth said, in the second case mentioned in his paper, the

curette was used immediately after she entered the hospital and the hæmorrhage ceased and there was no more flow until the next menstrual period, which lasted nineteen days, and until the curette was used again by Dr. Ward, who removed twelve granulations, and the patient has again gone beyond the menstrual period. When there are actual changes in the membranes, and fungus growths present, he believes remedies are of no avail.

Dr. Doughty said he was in favor of the use of the curette in preference to remedies. He has tried Dr. Church's Iodine thoroughly in some cases, and its action has always been temporary. In his opinion, the use of remedies came after the curette had been applied, and will prevent reproductions.

Dr. Schley said he had had some experience in the use of the curette which had been satisfactory. He had known of cases which had been curetted where the growths had reappeared after a year or so, and suggested their similarity in this respect to nasal polypi, the removal of which did not prevent their reappearance.

Dr. Danforth spoke of the value of homœopathic remedies as after treatment for these troubles, and suggested the use of *Calcarea carb.*

Dr. C. S. Lozier spoke of the use of *Baptisia* in such cases, which she had learned of in the Eclectic school, and after many years use found it very efficient. She had taught it to her pupils, who have reported very favorable results. Sometimes she uses nitric acid followed by a preparation of wet chalk which in her opinion modifies the severe action of the acid. She never uses cotton and does not believe in its use, preferring fine table linen ; believes it a great mistake to leave cotton applied to parts after the application of nitric acid. Has used the curette several times but the relief it brings has been temporary, the growths returning so rapidly that lately has not used it. Has used the powdered *Baptisia* root

generally; patients can make a tea of it and use as an injection. Dr. Lozier generally uses a tubular speculum; and applies the Baptisia on a rolled piece of tissue paper. Dr. Lozier spoke of the value of powdered Ergot applied locally to open cancers.

Miscellaneous business :

Dr. Schley said there had been some question raised as to his diagnosis of the case of aneurism he had brought to the attention of the society, and, with permission of the members would repeat his remarks on the case. This patient came under his care five years ago, on examination found an insufficiency and slight stenosis of the aortic valve, the stenosis of the aortic orifice was exceedingly slight, there was an aneurism located in the ascending and transverse portions of the aorta which was readily diagnosed; two or three years previous the man had an attack of rheumatism, and following this endocarditis had set up, which eventually developed more in the aorta than the heart; his condition was interesting because of the enormous enlargement of the heart with such slight suffering. He examined this patient again shortly before bringing him before the society, but did not find much change; the aneurismal sac had extended up to the innominate artery; there was enlargement of the right side of the heart, both ventricle and auricle; the enlargement had encroached upon the sternum and in his opinion had commenced to absorb it. He has seen two or three cases in which the sternum has been absorbed from pressure from tumors of this nature. This man is now in the hospital; he has been improved very much from rest and the use of ninety grains of Gallic acid per day, which treatment has been so highly recommended by Dr. Helmuth, who has reported one case cured by this method, the patient afterward dying of pneumonia, and Dr. Helmuth being able to hold a post-mortem. Dr. Schley said the area of dullness has diminished and the pulsation over the

sternum has disappeared in his opinion is an indication that coagulation is going on in the tumor, and if the treatment is continued he believes the case will be much improved and perhaps brought to a standstill.

Dr. Dowling said that when he spoke of the case brought forward by Dr. Schley he had no intention of questioning Dr. Schley's diagnosis; he believed there had been an error in the report of the case and wished to correct it. He knew there was no insufficiency of the mitral valve, having had the case under observation for a long period of time, and from the fact of the patient's ability to take quite violent exercise; which in mitral insufficiency causes engorgement of the pulmonary veins and consequent shortness of breath. On one occasion, while at Albany, Dr. Dowling and this man started to walk from the hotel up the hill to the Capitol. On arriving at the top of the hill Dr. Dowling was out of breath but the man was not. Dr. Dowling said he simply spoke to correct the report as he believed it to be an injustice to Dr. Schley.

The society then adjourned.

ABSTRACTS.

WATER FOR INFANTS.—With the exception of tuberculosis, no disease is so fatal in infancy as the intestinal catarrh of infancy, occurring especially during the hot summer months and caused, in a great majority of cases by improper diet. There are many upon whom the idea does not seem to have impressed itself that an infant can be thirsty without at the same time, being hungry. When milk, the chief food of infants is given in excess, acid fermentation results, causing vomiting, diarrhœa, with passages of green or greenish-yellow stools, elevated temperature, and the subsequent train of symptoms which are too familiar to need repetition. The same thing would occur if an adult were drenched with

milk. The infant needs, not food but drink. The recommendations of some writers, that barley water or gum-water be given to the little patients in these cases, is sufficient explanation of their want of success in treating this affection. Pure water is perfectly innocuous to infants, and it is difficult to conceive how the seeming prejudice against it ever arose. Any one who has ever noticed the avidity with which a fretful sick infant drinks water, and marks the early abatement of febrile and other symptoms, will be convinced that water, as a beverage, a quencher of thirst, as a physiological necessity, in fact, should not be denied to the helpless members of society. We have often seen an infant which had been dosed *ad nauseam* for gastrointestinal irritability, assume, almost at once, a more cheerful appearance and rapidly grow better when treated to the much needed draught of water. If any one prescription is valuable enough to be used as a routine practice it is "give the babies water."—*Medical Record*.

IN RE ANTISEPTIC OVARIOTOMY.
—Dr. Donald Maclean, of Detroit, says, in the *Medical Age*, on the 27th November I removed a compound ovarian tumor, nearly forty pounds weight, for a young lady aged nineteen years. The operation was performed in a small and crowded house, in a narrow side street of decidedly suspicious aspect, hygienically or antiseptically speaking. The operating room, about ten feet broad by twelve long, communicated directly with the street in the one direction and with the kitchen in the other. Ten medical friends, besides two female relatives of the patient witnessed the operation; in short the room was packed full. An extensive parietal adhesion occasioned persistent oozing, so that the peritoneal cavity was unavoidably kept open for fifty-five minutes. An omental adhesion necessitated the application of several ligatures and the snipping off of

several tags of lacerated omentum. Carbolic acid in the proportion of one part to twenty of hot water was used to cleanse the hands, the instruments and the sponges. No spray. The anæsthetic was Squibb's chloroform. With the exception of the usual inability to urinate and a slight degree of nausea, the progress of the case from the date of operation down to the present time, has been entirely uneventful and in every respect gratifying. One starch and laudanum enema, and one hypodermic injection of a quarter of a grain of morphia, constituted the sum totum of medication applied, and these might very well have been omitted. The wound healed by first intention, the temperature never rose to 101°, the pulse rarely exceeded 100, tympanitis was conspicuous by its absence, the bowels moved on the fourth day and have continued to move regularly and naturally ever since, the sutures were all removed on the fifth day, the patient sat up in an easy chair on the sixth day, and on the eighth day I considered her as dismissed cured. Finally, this is not by any means an exceptional result in my experience.

A CASE OF EARLY RECURRENCE OF MEASLES.—Instances of early recurrence of zymotic diseases in the same subject are so comparatively rare as to be worthy of passing note. Dr. Alexander Stewart reports a case in the *Glasgow Med. Jour.* for September, 1883. The patient, a child seven months old, had measles in May of this year; a perfect recovery ensued, when on June 5, thirty-three days after the commencement of the first attack, a typical case of measles again manifested itself. The recovery from the second attack was slow, but ultimately complete.

The *Brit. Med. Journal* recommends finely powdered cane sugar as a dressing for wounds claiming that it is better, or at least equal, to iodoform. It is a very old popular remedy in pungous granulations.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor :

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors :

Profs. S. P. Burdick, E. M. Hale, E. C. Franklin.
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood. Drs. G. N.
Brigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millsapugh, Mrs. J. G.
Brinkman, Mrs. Julia H. Smith.

Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, unless endorsed in our editorials.

SUBSCRIPTION, \$2 per year, in advance. For accommodation of subscribers, this journal is not discontinued until an order is received to that effect.

Remittances may be made by Post Office order, check or inclosed in a Registered Letter, at our risk.

A. L. CHATTERTON PUB. CO.,

New York.

EDITORIAL.

As we predicted last season, cholera has appeared on the Mediterranean coast, and seems likely to spread over all Europe, during the summer. The embargo attempted against it by quarantine will not stop it ; neither the interruption of travel nor the isolation of patients, will prevent its progress. Cleanliness, personal and communal, alone will stay its fatal onward march. It behooves every one, therefore, especially in our sea-board towns, to look well to the hygienic condition of their houses, and to enforce by personal practice and appeal the duty of cleanliness. As homœopathists we do not fear cholera, nor are families under homœopathic care likely to suffer severely from this disorder, but every epidemic is a misfortune both to the health

and business fortunes of a community and is an enemy to be prepared against wherever possible.

CORRESPONDENCE.

MY DEAR DR. WINTERBURN.—Your journal has just come to hand and I steal a moment (while my patients are quiet in the ante-room), to remark that though I was chairman of bureau of surgery at the last meeting of the county society, I did not hear the paper you refer to in your published report of the proceedings as being read by my esteemed friend, Dr. Doughty, on "*a case of non pedunculated urethra.*" Now I have heard of *pediculated* and non pediculated hairy scalps ; I have heard of pedunculated and non pedunculated tumors, but when a urethra becomes pedunculated, the case must indeed be a rare one, unless indeed that structure is *all* peduncle.

Then again after the reading of Dr. Doughty's paper on "a non pedunculated ovarian tumor," which was highly interesting, I made a remark, and I thought at that time, that it was a rather good one ; it was not, however, that the patient "was much obliged to Dr. Doughty," who after an arduous attendance had saved the woman's life, but that she informed the house surgeon, Dr. Ward, and the nurse, as she was about to leave the house, that "*Dr. Doughty ought to be much obliged to her.*"

Very Sincerely Yours,

WM. TOD HELMUTH.

[The stenographer's notes were correct, "A Case of Non Pedunculated Ovarian Tumor" ; there seems no excuse for so stupid a blunder. G. W. W.]

Small-Pox in Oriental Cities.

SIR.—The outbreaks of small-pox in the East (though far less fatal than other zymotics) are not infrequently quoted by advocates of vaccination as affording irrefragable proofs of the devastating effects of variolous disease when uncontrolled

by vaccination. A visit to North Africa and Syria has afforded me the opportunity of testing the correctness of this theory, and inquiring into the real causes of these outbreaks. From the testimony of both lay and medical residents, and from personal observation, I am satisfied that these recurring epidemics are due mainly to insanitation and the irrational treatment of the disease. In the City of Algiers, eruptions of small-pox are invariably found amongst the poor in crowded native populations, while the disease is unknown on the healthy slopes of Mustapha Superior. At Cairo, Alexandria, Jerusalem, and Jaffa, I noticed entire districts where all the laws of health are set at defiance. In Cairo and Jerusalem the Jewish quarters for example are indescribably filthy; often the narrow streets are almost impassable; heaps of festering rubbish are allowed to accumulate in close proximity to human dwellings; and open sewers full of evil odors may be seen in front of the houses of the rich as well as the poor. The storage cisterns for the domestic water supply of Jerusalem remain uncleansed year after year. Energetic remonstrances to the governor on the part of the European residents against this municipal negligence only suffices to produce a spasmodic amelioration, which is generally abandoned after a few days. To the foregoing causes of epidemics must be added the overcrowding during the Jewish, Mahomedan, and Christian feasts, when thousands upon thousands of pilgrims (many of them worn out by long journeys) are congregated together, sleeping in the churches and mosques, under arches, and in the dark unventilated houses, wholly regardless of sanitary conditions. Dr. Chaplin, who has practiced as a physician in Jerusalem twenty-three years, says that it is the custom amongst the lower Arabs, owing to inherited superstition, to close all the doors and windows of the house as soon as a case of small-pox appears, thus producing in a short time an ef-

fluvia of concentrated variolous poison, to which the young and feeble rapidly succumb. The wonder under such circumstances is that the outbreaks are really not more devastating than they are. And lastly, small-pox inoculation, a pet practice throughout Europe fifty years ago, still prevails to a greater or less extent throughout the East, and is often the provoking cause of serious epidemics, particularly in the winter, when the people herd together for warmth, in small but crowded habitations. Last autumn Dr. Keyser Gareb, medical superintendent of the Jaffa hospital, reported a number of fatal cases entirely due to the practice of small-pox inoculation at Bethlehem. Natural small-pox is not dreaded as a disease by the better class of the native populations; the infected go out of doors, rarely, if ever, employ a doctor, and generally make rapid recoveries. Measles is much more dreaded, and is said to be ten times as fatal. Six hundred children succumbed to this disease in Jaffa last summer. Populous cities like those I have mentioned possess all the insanitary conditions which developed those deadly epidemics in London during the last century, and which Sir Lyon Playfair, Dr. W. B. Carpenter, and other Jennerians have, I venture to say, too hastily attributed to want of vaccination. The doctrine that zymotic disease, and particularly small-pox, is preventible by personal and municipal cleanliness, though in direct contradiction to the Pasteurian inoculation theory, is proved nevertheless to be the only one consistent with the facts of experience. The potency of rational hygiene has recently been recognized by many well-known medical witnesses in Dr. Makuna's "Transactions of the Vaccination Inquiry," published a few months ago, and is abundantly confirmed by the evidence, disclosed in the forty-fourth report by the Registrar-General, page 15:—"There is nothing in the series of annual reports

issued by this office that comes out more distinctly and unmistakably than the wonderful effects which the sanitary operations of the last decade have had in saving life." Why, then, should the national energy and public funds in England be misdirected to vaccination, which, besides failing in effect, is so frequently attended with serious and fatal results?

WILLIAM TEBB.

Jerusalem Hotel, Jaffa, Syria, Apr. 22.

ABSTRACTS.

DIETETICS FOR THE SICK.—Dr. C. Selter read a paper, on the above topic, at a recent meeting of the Philadelphia County Medical Society, of which we make the following summary :

The methods of dietetic treatment of diseases are as various as are the ills that flesh is heir to, but all of them contain some of the following principles as essential features : In acute diseases, *rest* is of primary importance ; it is the fundamental principle of their medical and surgical treatment, and the same idea must be carried out in dietetics by remembering what part each organ serves in absorption, assimilation and excretion, and by avoiding such food as would cause the performance of that function. Of course this plan is only to be pursued while the disease is advancing, and as soon as recovery begins, there must be a gradual return to a promiscuous diet, very little at first, just enough to slightly exercise the crippled organ, using as great care as we would in instituting passive motion in a limb that has been fractured. Nature enforces this principle by the loss of appetite that marks the onset of nearly all acute diseases. The dietetic rest of an organ does not necessarily imply a depletory diet, for while it is non-active, other organs may be made to perform a compensatory amount of work, and thus sustain or even increase the patient's vitality—so great

is the versatility of our organic functions. It is upon this idea that we must act when we obey the command of Graves to feed fevers. In chronic diseases—those in which the natural course is direct from bad to worse, until death or some interposing process puts an end to them—every organ must be made to do its utmost ; the whole system must be awakened to the threatening destruction. Herein lies the broadest field of action for our subject. No time should be lost ; food should be administered as frequently as assimilation and proper amount of organic rest will allow ; the appetite should be kept active, by using liquid, semi-solid and solid food, prepared in such a variety of ways as to allow no charge of monotony or disgust. Surprise is frequently a useful element. Instead of leaving the patient to vacillate over his or her likes and dislikes, the nurse should be privately instructed how and what to prepare for each time, and how to serve it in the most appetizing manner. A valuable aid, usually lost sight of, is condiment. Think but for a moment how a savory dish will sharpen our appetites while in health, and I am sure you will perceive its stimulating influence upon a debilitated patient, to whom the flat and insipid preparations usually offered are loathsome or even nauseating. This disgust might frequently be avoided, and the amount of prescribed medicine be lessened. Many of the bitter tonics and carminatives of our materia medica are the same as are used in cookery, and are none the less efficacious in a palatable dish than in the nauseous pill or draught. Therefore let the delicate aroma of herbs, celery, and bay leaves pervade the soups ; use India curry on starchy foods, and when desirable add *Capsicum*, *Piper nigrum*, etc., to animal broths and substances. In so doing, if necessary, you can satisfy the qualms of your professional dignity by remembering that in catering to the palate you reflexly stimulate the organs of digestion.

Some articles of diet may be administered simply for their curative effect. A five-ounce cup of strong coffee contains about sixty-six grains of extract, or an equivalent of about two grains of *Caffeine*—quite sufficient to relieve a neuralgia, or a headache and sick stomach after a dose of opium. Beef tea, made red-hot with red pepper, is the very best treatment for delirium tremens. A patient to whom I once administered such a dose, made so strong that I would not have dared to taste it myself, afterwards told me that it was the most refreshing and cooling drink he had ever taken. A London surgeon to the police told me that he had treated a hundred and fifty cases of delirium tremens with this remedy alone, and had not lost one. The use of chloral in these cases is criminal, and many a death certificate of "delirium tremens" ought to be "heart failure from chloral poisoning." Mucilaginous teas and drinks made from gelatine, isinglass, Irish moss and flaxseed, are very soothing to any inflammation within the digestive track. Green vegetables are necessary to cure as well as prevent scurvy.

An old practitioner, who had spent his early professional life in the country, told me that when he first commenced practicing he used all the ordinary remedies in typhoid fever without any satisfactory results, until the introduction of turpentine by the late Prof. Geo. B. Wood. In it he soon discovered a useful ally—not so much in the drug *per se*, but because convenience and time compelled him to use a thick flour gruel as a vehicle, and the patients were nourished sufficiently to live through the attack.

In the science and art of preparing sick diet there is a most lamentable lack of knowledge, especially among physicians. They know the preparations by name, but not by nature; and the only way to learn the latter is to don the apron and take a practical course from a practical and sci-

entific cook. Such a course was inaugurated last winter in this city and in Boston, with a very satisfactory result. The prospect for this season in this city is that the course will be very well attended. It is the only way to learn. I could read you receipts by the score, but it would be as useless as reading off that many medical formulæ.

HÆMORRHAGE DURING THE EARLY MONTHS OF PREGNANCY.—According to Dr. Grandin (*Am. Journ. Obstetrics*,) the causes of hæmorrhage during the early months of pregnancy are: Menstruation; erosion of the cervix; diathetic diseases, such as scurvy and hæmaphilia; partial separation of the secundines; congestion at the menstrual epoch; frequent and violent sexual intercourse, particularly at the time when the menses might return; cancer; fibroids; polypi; endometritis existing at the time of conception; cystic disease of the chorion; and (in the multipara) laceration of the cervix. Menstruation may recur two or three times after conception. The flow, however, must be limited in amount, else the freshly attached ovum would run great risk of being washed out in the current. Cases of menstruation, throughout the course of pregnancy, must be looked upon with suspicion, as far as the inference that the blood comes from the uterine cavity is concerned. There are other causes which will explain satisfactorily the occurrence. In case of erosion of the cervix the discharge is usually reddish-white or reddish-yellow in color, although it may assume the magnitude of an alarming hæmorrhage. The cervix exposed by the speculum, a reddish spot of varying size will be seen, from which the blood oozes. The application of nitrate of silver (3 j.—5 j.) here suffices for a cure. It is a function of the uterus to receive and give exit to blood every four weeks, possibly itself add to it; and, this being its habit, it is

but natural for it to endeavor to keep on fulfilling the function, even though containing an impregnated ovum. Since, however, the cervix, as well as the body, becomes congested, it may fairly be presumed that the hæmorrhage comes from the cervical canal alone, particularly in cases where the gestation has advanced to nearly the fourth month. Sexual intercourse is a frequent cause of hæmorrhage during gestation, especially among the newly married. Coition attracts blood to the genitals, and brings into play a greater amount of congestion than is normally present. Sometimes the penis impinging on the cervix shocks the uterus, and leads to a partial separation of the secundines, and the consequent hæmorrhage. Epithelioma, fibroids, and polypi cause hæmorrhage the same as during the non-gravid state. If there is sufficient bleeding to endanger the mother the indicated treatment is the same as if pregnancy did not exist. Endometritis, existing at the time of conception, gives rise to irregular discharges, varying in color from red to yellowish-red and white. These generally occur toward the end of the third month. An examination will not show the cause of the trouble. We can only diagnose the endometritis from the previous history of the patient. Cystic disease of the chorion may cause hæmorrhage. Symptomatic of this affection is a larger uterus than corresponds to the date of gestation, an increase in the early subjective accompaniments of pregnancy, and, at about the third month, at times before, the occurrence of a reddish, watery discharge, containing portions of the degenerated villi. This last point establishes the diagnosis with certainty. When the hæmorrhage is profuse, it is probable that there is no longer a living embryo, and thus the indication for treatment is to empty the uterus. Laceration of the cervix may give rise to hæmorrhage.

AN ANTIPESSARIST.—Dr. J. Mathews Duncan says: Many a woman

has suffered from, and many a woman has died of, a pessary; but most pessaries, as I find them in use, are nearly innocuous for evil or for good. They are always harborers of dirt, and they always keep the mind watching the part; and they are all liable to decay. They are all undesirable additions to the contents of the pelvic excavation, and, if they are efficient, must, of course, cause more pressure, though perhaps on different parts, than that caused by the organ or organs which they keep in an altered position. Curious things are anteflexion pessaries. In regard to their giving relief I express no opinion, but I do say that if they give relief it is not by undoing the flexion, and keeping it undone, keeping the womb straight. I have seen most kinds of anteflexion pessaries as placed by their inventors, and too often replaced and replaced, but I have never seen one materially modify the flexion. I have myself never used one, and have no intention of doing so. There is another too common practice, what is called straightening or putting up the womb, or replacing it time after time by the probe or finger. This has no other effect than to irritate the organ, for the displacement recurs immediately, as the practice itself shows."

EUTHANASIA.—From *death* there is no escape. It comes to every one sooner or later, and to all it is the most serious event of life. It is the "king of terrors," and the one thing from which all men would escape if they could. Some have this fear of death before them all the days of their lives, embittering all their days—fortunately these are but few. For the majority there is a blessed forgetfulness of death, and when it comes it is as much a surprise as if no one had ever died. Even to the last gasp the mortal clings to life, hopes against hope, and believes in a possible recovery. Some die easy, others very hard. To some it comes as a sleep, a freedom from pain and suffering, a rest for the weary body and mind. To

others it is most intensely painful, and the struggle to die is the most severe and horrible, and protracted for hours and hours, until the bystander is heartsick, and prays for death as the greatest boon. Physicians become so habituated to pain and death that they become callous to it, and do not feel for the sufferer. So long as there is the faintest chance for life they may remain with the patient and fight the battle with death. But when they give up all hope and say, "He must die, I can do nothing more," they turn from the house, leaving the sufferer to bear the rending of soul from body as best he may. For that death that comes as sleep we all pray; from that which comes with pain and suffering and terror, we pray to be delivered. The prayer-book says, "From speedy death, good Lord, deliver us." It makes a grave mistake, and we say, "When death comes let it be so sudden as to give no warning." As the physician thinks the matter over, realizes that he himself is to wrestle with this terror, that his dearest relations and friends may suffer these pangs, he will realize that he may have a duty to perform. Is there any advantage in the prolonged agonies of death? No. There can be none. Would it be better for the sufferer to sleep his life away? We answer, unhesitatingly, yes. Why, then, should not the physician see to it that this blessed euthanasia, this sleep unto death, be given to every sufferer? We want to be assured there is no hope; we want to know the person is dying. With this knowledge we use a hypodermic injection of one-fourth or one-third of a grain of morphine over the sternum, and in ten minutes comes rest, freedom from suffering, and sleep. It rarely shortens the patient's life, and it makes death easy. I had two patients within a year, who, when they could not live, found it almost impossible to die. They were both good men, and had looked death in the face more than once without alarm. In the one, after a ten hours' struggle I asked, would you like to

sleep? The answer yes, and the expression of joy replacing the anguish, were enough to warrant this consideration of the subject. One injection of morphia and there was rest in ten minutes, and a sleep that faded into death in four hours. In another, after a night with death, I said to the mother, shall he sleep? There could be but one answer. If it is possible to prevent this suffering and let him sleep, let it be done at once. I do not believe it is right for one to take his own life because life is only prolonged misery and suffering; and I do not think it right, in such a case, for the physician to do that which would shorten the man's days. But when death is at the door and will not be said nay, then to open the door is an act of charity—*Eclectic Medical Journal*.

LITERATURE.

The Law of Heredity.—A Study of the Cause of Variation, and the Origin of Living Organisms. By W. K. Brooks. 8vo, pp. 336. (Baltimore: John Murphy & Co.)

Among cognate subjects of inquiry, there are none which appertain more closely to medical science than that of heredity. Although having little, if any, practical bearing on the art or practice of medicine, it possesses a peculiar fascination to any mind which has tried to solve the mysteries of man's physical existence. Not only what we are, and why we are, but how we have come to be such, is a theme which is yet far from complete solution. Towards its elucidation, Prof. Brooks, of Johns Hopkins University, has presented an interesting theory, founded upon the recorded observations of Darwin and other naturalists; which experimentation, carried through years of careful observation, can alone substantiate. He endeavors to show that evolution is two-sided; that an animal is what it is because it has the power to hold on to the experiences and adaptations which fitted its pa-

rents for their place in nature; that the parents acquired those peculiarities in virtue of their power to gradually adjust their structure and habits to their environments; that animals diverge from each other by acquiring the power to occupy different fields; that each organism is the resultant of two factors—heredity and variation; that the female transmits the conservative element and the male the tendency to variation; and that finally variation does not proceed by minute steps, as Darwin supposes, but that evolution takes place by jumps or saltations.

The work is one of great interest, and we heartily commend it as worthy of serious reading.

The Hering Memorial volume, prepared under the supervision of Drs. Raue, Knerr, and Mohr, and containing an interesting biographical sketch by Rev. William H. Furness, D. D., and the details of the various meetings held in different parts of the country, under the auspices of the Memorial Committee, is at last issued. It makes a very noble volume of nearly four hundred pages, and is worthy of the great man that it is intended to commemorate.

Practical Manual of Obstetrics.—By Dr. E. Verrier, with four Obstetric Tables by Prof. Pajot. 105 Illustrations. First American, from Fourth French Edition. Revised by Edward L. Partridge, M. D. 8vo, pp. 395. (New York: William Wood & Co.)

Dr. Leigh H. Hunt has translated and Prof. Edward L. Partridge has annotated the fourth edition of Verrier's *Obstetrics*. Although there is no dearth of works on this subject, the practical character of the suggestions scattered through the book, and the eminence of the author in this branch of medical art, makes it a welcome addition to our library shelves. In aim it is intermediary between a student's manual and an

elaborate treatise, possessing the definiteness of the former without losing in breadth and thoroughness. The hand of a master workman is evident on every page. Many of the illustrations are novel, and all are very good.

Some of the Diseases of the Rectum, and their Homœopathic and Surgical Treatment. By Mortimer Ayres, M. D. 8vo, pp. 96. (Chicago: Duncan Bros.)

Dr. Mortimer Ayres' modest little monograph on Diseases of the Rectum is just such a work as thousands of physicians need, and we hope it may find many purchasers.

ITEMS.

The summer meeting (thirty-second year) of the Medical Society of northern New York, will be held at the Town Hall, Saratoga Springs, Wednesday, August 6th, 1884.

A clergyman asked Huxley to explain, in the light of the theory of evolution, how it is that male Jews continue to be born with foreskins intact. The witty evolutionist replied: "There's a divinity that shapes our ends rough hew them as we may."

A young lady discharged her medical attendant because he ordered her to take a blue pill. Any one, she maintained, who could not discover that blue did not suit her complexion, could not be much of a doctor.

The *North American Review* for June opens with an article on "Harboring Conspiracy," by Prof. Henry Wade Rogers, who examines, in the light of international law, the diplomatic history of the United States and the national constitution, the question as to how far our government may and must go in suppressing plots against governments with which we are at peace. Henry D. Lloyd, in the same number of the *Review*, shows how every branch of production is coming under the control of "Lords of Industry," corporations and monopolies. Elizabeth Stuart Phelps has an article marked by rare philosophic force upon the "Struggle for Immortality." Other articles of not less importance are: "Sociological Fallacies," by Prof. W. G. Sumner; "The Rise and Fall of Authority," by President J. C. Welling; "Walt Whitman," by Walker Kennedy; and a symposium on "Expert Testimony," by Rossiter Johnson, Dr. W. W. Godding, T. O'Connor Sloane and Dr. Charles L. Dana.

THE AMERICAN HOMŒOPATH.

NEW YORK, AUGUST, 1884.

REPERTORY TO ECZEMA.

BY

CHARLES F. MILLSPAUGH, M. D.,

Binghamton, N. Y.

INDIVIDUALS.

Asthmatic. Calad.
Blonds. Calc. C.
Cachetic. Carb. veg. Cundi.
Children. Am. c. Arg. nit.
Baryt. c. Borax. Bell.
Calc. c. Carb. veg. Cham.
Cund.
Catch cold easily. Baryt. c.
Cutting teeth. Bell.
Eating much sweets. Arg. nit.
Fat and timid. Baryt. C.
Fretful. Cham.
Pot bellied. Calc. c.
Timid. Borax.
Dyspeptics. Carb. veg.
Drunkards. Ledum.
Infants. *Front of Ear*. Tereb.
Old people. Arum. Mur. Con.
Plethoric. Ac.
Pulmonic. Kali. c.
Sensitive. Staph.
Syphilis. Con. Merc. p. i.

LOCATION.

Abdomen. Kali c. Merc. bin. I.
Anus. Am. c. Merc. bin. I. Nit. ac.
Fissures. Merc. bin. I.
Itching. Nit. ac.
& Genitals. Am. c.
Arms & scalp. Alum.
Back. Bry.
Bends. (See Flexures).
Cheeks & Chin. (papulous) Borax.
Chest. (upper anterior) Juglans. c.
Chin & behind Ears. Graps.
& Lips. (scurf) Cicuta.
Covered parts only. Thuja.
Ears behind. Graph. Oleand. Sil.
oozing. Oleand.
Scabs. Sil.
Front of. Tereb.
Extremities lower. Chel.
upper. R. ven. Sil.

Eyebrows, ears & neck. Thuja.
Face. Ars. Bell. Borax. Calc. c. Cicuta.
Con. Crot. Tig. Iris v. Sars.
Thick scabs. Sars.
& arms & mons veneris. Con.
Eyelids. (red & swollen) Crot. tig.
(vesicles). " "
& Genitals & scrotum. " "
& Legs & flexures. Calc. c.
& genitals. Ars.
Scalp. Borax.
Feet. Staph.
Fingers. Heb. R. ven.
Fissured ends. R. ven.
Right hand. Hell.
Vesicles watery. R. ven.
Flexures. Annu. c. Calc. c. Sulph.
& Face & Legs. Calc. c.
Legs & Genitals. Sulph.
General. Bry.
Genitals. Arg. nit. Ars. Calad.
Crot. Tig. Nat. mur. Petrol.
R. tox. Sulph.
Child loving sweets. Nit. ac.
& Face. Crot. tig.
& Legs. Nat. mur.
& Face. Ars.
& Flexures. Sulph.
Hair margins. Hydr. Nat. m. Sulph.
From Ear to Ear behind. "
Hairy parts. Merc. p. I.
Hands. Carbol. ac. Graph. Nit. ac.
Piper mith.
(vesicular). Carbol. ac.
Palms. Graph. Nit. Ac. (l)
& Feet, (where skin is thick) Piper
[menth].
Head. Bro. Lappa. Lyc. Mez.
Oleand. Thuja.
(Dry Scaly). Thuja.
Back part. Oleand.
extending to face. Lyc.
temples. Thuja.
Children. Lappa.
Knees (vesicles). Carbo veg.
Legs. Annu. c. Ars. Carbo veg.
Lach. Nat. mur. Sulph.
Between. (excoriated) Amm.
& Genitals & Face. Ars.
Lips. Pip. nig. R. ven.
Upper. (vesicles) R. ven.

Mons veneris. Con.
 Mouth. (scales around) Mez.
 Neck. Caust. Clem. Thuja.
 Nape. (moist) Caust.
 & Occiput. Clem. (moist)
 Nipples. Panst. Cali. c.
 Nose. Crotal. Iris v. Sars. Tem.
 Septum. (vesicles) Crotal.
 & Eyes, & neck & shoulders T. em.
 & Face. (crusts) Sars.
 & Lips & cheeks. Iris v.
 Scalp. Alum. Borax. Sumbul. (l)
 Hard crusts). Alum.
 & Face. Borax.
 Scrotum, Genitals & Face. C. tig.
 & Thighs. (between) Calc. Sulphid.
 Septum narium. Crotal.
 Shoulders, nose, eyes, & neck. T. em.
 Temples, Forehead, & Chin. Dulc.
 Thighs, between. Amm. c. Hepar.
 Cham.
 Toes, between. Petrol.
 Umbilicus. Merc. bin. I.

FORM.

Angry looking. R. tox.
 Cracks. Nux jug. Petrol. Pip. menth.
 [R. ven.
 Hands, back. Petrol.
 & Ulcerations. Pip. menth.
 Crusts. Alum. Baryt. c. Bromine,
 Bov. Calc. c. Con. Dulc.
 Graph. Lappa. Lyc. Merc.
 sol. Mez. R. tox. Sars. Sil.
 Sulph.
 bleed easy. Lyc. Sulph.
 brown. R. tox.
 cap-like, covering head. Bro.
 Ears behind. Sil.
 grayish white. Lappa.
 hard. Alum. Con. R. tox.
 honey-like. Mez.
 inflamed edges. Merc. sol.
 moist. Baryt. Carb.
 Nose and face. Sars.
 raw. Graph.
 thick. Bov. Bro. Calc. c. Dulc.
 Graph. Lyc. Sars.
 brown. Dulc.
 Face. Sars.
 fœtid. Lyc.
 overlaying yellow pus.
 Calc. c.
 raw surface. Graph.
 yellow. Merc. sol.

Dry. Kali c. Led. Pip. menth. R. tox.
 Sep. Thuja.
 after debauch. Led.
 exuding when scratched. Kali. c.
 offensive. R. tox.
 scab. Pip. menth.
 head. Thuja.
 ringworm-like. Sep.
 Excoriations. Petrol.
 Fissures (ends of fingers). R. ven.
 Fissures (see Cracks).
 Grocer's itch. Bov.
 Humid (see Moist).
 Miliary. Viola tri.
 Milk-crust (like). Sars.
 Moist. Calc. sulphid. Caust. Clem.
 Con. Graph. Hell. Lappa,
 Nat. sulph. Nit. ac. Petrol.
 Sulph. ac. Viola tri.
 excessive. Nat. sulph.
 thin, scurfy. Hell.
 vesicles. Con.
 following suppressed gonorrhoea.
 Sulph. ac.
 Genitals. Petrol.
 Neck nape. Caust.
 & occiput. Clem.
 Papules red. Borax.
 easy bleeding. Sulph.
 beyond old formation. Hepar.
 Pustules. Crot. tig. Iris v.
 Nose, lips & chin. Iris v.
 "two-storied." Croton tig.
 Raw and inflamed. Nat. mur.
 Ringworm-like. Sap.
 Rings. Sap.
 Rough. Petrol.
 Scabs. (See Crusts).
 Scales dry. Pip. menth.
 Scurf. Honey, like dried. Cicuta.
 whitish. Cicuta.
 yellow. Cicuta.
 Smooth shining. Oleand.
 Spots. Kali c. Petrol.
 dry. Kali c.
 running. Petrol.
 yellow. Kali c.
 Sun burned, as if. Anac.
 Ulcerated. Pip. menth.
 Vesicles. Carbol. ac. Carbo. v. Con.
 Crotal. Crot. tig. Nit. ac.
 Ox. ac. Psor. Ran. bulb.
 R. tox. R. ven. Tart. e.
 Thuja. Sep.
 clustered. Ran. bulb.

fine. R. ven.
 moist. Con.
 pointed. Psor.
 small. R. tox.
 watery. R. ven.
 Hands. Carbol. ac.
 Hand (l) Nit. ac.
 Knees. Carbo. v.
 Nose, eyes, neck, shoulders.
 Tart. e.

Septum. Crotal.
 Burn (like a). Ran. bulb.
 Itching. Thuja.
 Red areola. Psor. R. tox.
 base. Sep.
 Yellow. R. tox.

SECRETION.

Acrid (See Corrosive).
 Corrosive. Amm. c. Graph. Mez.
 Nat. mur. Staphisag.

Dirty. Bro.
 Drops (in). Oleand.
 Excoriating (See Corrosive).
 Fluid. Nat. mur.
 Foetid. Cund.
 Gluey. Con. Nat. mur. Viola t.
 mats hair. Nat. mur.
 Greenish. Nux jug.
 Nasty. Bro.
 Odor bad. Lappa.
 foetid. Cund.
 Herring brine. Graph.
 Oozing. Bro. Cicuta. Hydrast. Nat.
 sulph. Oleand. Staph.
 dirty. Bro.
 ears behind. Oleand.
 crust from under. Staph.
 nasty smelling. Brom.
 watery. Nat. sulph.
 washing after. Hydrast.

Profuse. Mez.
 Pus. Viola t.
 Sticky (See Gluey).
 Stiffens linen. Nux jug.
 Stinking. Brom.
 Viscous. (See Gluey).
 Yellow. Staph.
 pus. Calc. c.
 water. Viola t.

DEVELOPMENT.

Early. (Pustulation). Tart.
 Slow. Bry.

STAGES.

All stages. Croton tig.
 Inflammatory. Canth.
 Undeveloped. Bry.

TYPE

Acute. Acon. R. tox.
 Chronic. Ars.
 Slow healing. Crot. tig.

SIDES.

Left. Graph. Sumbul.
 scalp. Sumbul.
 Right. Canth. Hell.
 hand. Hell.

AGGRAVATION.

Time.—

Evening. Alum. R. tox.
 First hours of sleep. Ars.
 Night. Calad. Graph. Ledum. Mere
 Sol. R. tox.

Circumstance—

Bed (on going to). Psor.
 heat of. Merc. s. Psor.
 Heat. Ledum.
 Hot applications. Amm. c.
 Milk (drinking). Calc. c.
 Motion. Ledum.
 Nursing. Sep.
 Perspiration. Ox. ac.
 Potatoes, new (eating). Alum
 Pregnancy. Sep.
 Washing. Calc. c. Dulc.
 oozing after. Hydrast
 Water. Sulph.
 Weather changes. R tox.
 wet. R. tox.
 Scratching. Conn Psor.
 (Burning). Thuja.
 Sweat. (See Perspiration)

ALLEVIATIONS.

Perspiration. Calad.
 Rubbing. Carbol. ac.

PERIODICITY

Asthma (alternate with). Calad
 Day (every other). Alum.
 Dentition (during). Bell.
 Menses (preceding). Dulc.
 Summer (disappears). Psor.
 Winter (reappears). Psor.
 After a Debauch. Led.

ACCOMPANIMENTS.

Bleeding of surface. Sulph.
 Constipations. Lyc.
 Dyspepsia. Dyspepsia.
 Fever. Fever.
 Œdema (skin). Apis.
 Vermin. Viola t.
 Urinary trouble. Canth.
 Scalp sensitive. Staph.

CONCOMITANTS.

Sensations.—

Biting. Thuja.
 like lice. Oleand.
 Burning. Apis. Ars. Calad. Canth.
 Carbol. ac. Jug. cin. Nux jug.
 intense. Ars.
 rubbing (after). Carbol. ac.
 vesicles. Nux jug.
 Gnawing. Alum. Led.
 Itching. Alum. Calad. Canth. Calc.
 sulphid. Carbol. ac. Clem.
 jug. cin. Kali c. Ledum.
 Merc. sol. Mez. Nit. ac. Nux
 jug. Oleand. Psor. R. tox.
 Sulph. ac. Thuja. Viola t.
 Ants' nest. Mez.
 Anus. Nit. ac.
 Bed, when in warm. Merc. sol.
 Morning, on rising. Hepar.
 Night. Merc. sol.
 Nightly. R. tox. Viola tri.
 Rubbing. Carbol. ac.
 Scratching, changes locality of.
 Sulph. ac.
 Undressing while. Oleand.
 Vesicles. Nux jug.
 Violent. Clem. Kali. c. Mez.
 Psor. R. tox.

Pricking. Ac. Con.
 after scratching. Con.
 Scalded feeling. Ran. bulb.
 Smarts as if. Ran. bulb.
 Stinging. Acon. Apis.
 Tingling. Sep. Thuja.
 like lice crawling. Sed.

Skin.—

Burning after scratching. Thuja.
 Dents easily. Bov.
 Dry. Kali c. Led.
 Maturates easily. Hepar.
 Peels off. Staph.
 Prickling. Sulph. ac.
 Raw by rubbing. Oleand.

Red scarlet. Bell.
 Sensitive. Ox. ac. Thuja.
 Sore. Ran. bulb.
 Thickening. Rhus tox.

Swelling.—

Face & eyelids. Croc. tig. R. tox.
 Glands. Baryt. c. Bro. Conn. R. tox.
 Sil. Viola tri.
 Lip (upper). Bov. R. ven.

Sweat.—

Easy. Merc. sol.
 Exposed parts sweat while covered
 parts keep dry. Thuja.
 Honey-like odor. Thuja.
 Perspires when thinking of sweat.
 Ox. ac.

Pain.—

Shooting pains. Thuja.
 Stitch under (r) scapula. Juglans. c.
 Soreness. Hepar.

CONTRIBUTIONS TO THE CLINICAL
 HISTORY OF THE THUJA
 OCCIDENTALIS.

BY

J. COMPTON BURNETT, M.D.,

London.

(Lecturer on Materia Medica in the London Homœo-
 pathic Hospital Medical School.)

Case I.—A hale-looking, middle-aged London merchant, came under my observation on Nov. 3, 1881. Said he, "I am not a homœopath, but twenty years ago I had eczema, and the allopaths could not touch it, so I went to a homœopathic doctor, and he cured me." On the left leg he had a pustular eruption due, he believed, to a bruise. He had also eczema of the ear, and he volunteered the information that ever since his second vaccination he had been subject to eczema. The eczema of twenty years ago was soon after the revaccination. R. Thuja occidentalis 30, three times a day.

He came in a week nearly well: the pustules had at once begun to wither. The Thuja was repeated but in less frequent dose, and the patient subsequently sent word by his brother that his skin was well.

Case II.—A young lady, aged 18, was revaccinated in July, 1881, at her parents' country residence, thirty miles from London, by the local surgeon, with lymph direct from the calf. The operation was very successful, and she had a very fine arm. But as the arm was just at its greatest perfection, she got an eruption on her chin covering its whole extent and involving the lower lip. The thing was very unsightly and had a singularly ugly, repulsive aspect. The gentleman, who had done the vaccinating was of opinion that she had got some of the vaccine-virus on her finger-nails and inoculated herself by scratching. The sequel, however, showed that the chin manifestation was from within. The surgeon had ordered applications, two of which were vaseline and zinc ointment, but the eruption on the chin was not to be got rid of. The young lady had to wear a dense veil to hide her face when driving out. She was brought to London for my advice, and I gave Thuja 30. In a fortnight she was out and about, and only some diffused redness of the skin remained, but no scar or thickened skin. Now, it might be objected to this case, that the Thuja had nothing to do with the disappearance of the eruption, because it was just the history of the disease: it ran through its natural course and died. I thought that to myself at the time of prescribing it; but against this was the fact that the arm had healed already, and it had depassed the natural course of vaccination by at least a fortnight when I first prescribed the Thuja. But to have a test, I gave her brother, who also had a somewhat similar pustular eruption (and who had been revaccinated at the same time), but more spare, and instead of being on the chin, it was round the left nostril—I say, to have a test, I gave this brother Antimonium tart. which is, also, as every one knows, apparently homœopathic to such a pustular eruption. This boy's case will be

Case III.—This case was compar-

atively trivial, and from the same cause, *i. e.*, from the vaccine-virus. The patient went into the country, and in two or three weeks' time the mother wrote that the young lady was quite well, "the medicine soon put her right," was her expression, but the boy had "a bad cold in his head, nose-bleed, left side of nose swelled and red, two little spots of matter, the size of a large pin's head, at the edge of the nostril, and below it, having something the look of —'s chin; his arm is also not well, and he had had four little pocks about the vaccination marks." I sent Thuja 30, and he was reported well in ten days. If any one can account for the cure of these two cases, independently of the *Thuja*, his ingenuity is greater than mine. That they were causally connected with the revaccination admits of no doubt whatever. Nevertheless, it does not do to be quite sure of one's facts; sources of error are often very occult.

Case IV.—This case which came under observation January 9th, 1882), is one of considerable interest on various accounts. Its subject, a lady of very high rank, over fifty years of age, had been in turns, and for many years, under almost all the oculists of London for this neuralgia of the eyes, *i. e.*, terrible pain at the back of the eyes, coming on in paroxysms and confining her to her room for many days together; some attacks would last for six weeks. Some of the neuralgic pain, however, remaining at all times. Her eyes had been examined by almost every notable oculist in London, and no one could find any thing wrong with them structurally, so it was unanimously agreed and declared to be *neuralgia of the fifth nerve*. Of course no end of tonics, anodynes, and alternatives had been used. The oculists sent her to the physicians and these back again to the oculists. The late Dr. Quin and other leading homœopaths had been tried, but "no one had ever touched it." Latterly, and for years, she had tried nothing;

whenever an attack came on, she would remain in her darkened bedroom, with her head tied up, bewailing her fate. To me she exclaimed: "My existence is one life-long crucifixion!" I should have stated that the neuralgia was preceded and accompanied by influenza. In the aggregate, these attacks of influenza and post-orbital neuralgia confined her to her room nearly half the year. In appearance she was healthy, well nourished, rather too much *embonpoint*, and fairly vigorous. A friend of hers had been benefited by homœopathy in my hands, and she therefore came to me "in utter despair." These are the simple facts of the case, though they look very like piling up the agony. Now for the remedy. The resources of allopathy had been exhausted, and, moreover, I have no confidence in them anyway; homœopathy—and good homœopathy, too, for the men tried knew their work—had also failed. Do nothing, now much in vogue, had fared no better. I reasoned thus: This lady tells me she has been vaccinated five or six times, and being thus very much vaccinated, she may be just suffering from chronic vaccinosis, one chief symptom of which is a cephalalgia like hers, so I forthwith prescribed *Thuja* (30). It cured, and the cure has lasted till now. The neuralgia disappeared slowly; in about six weeks (February 14, 1882), I wrote in my case book, "The eyes are well."

As I have not heard from the patient for some time, I am just writing a note to her to know whether the neuralgia has thus far (December 30th, 1882) returned. The reply I will add. Of course it does not follow that because *Thuja* cured this case of neuralgia of some twenty years' standing, that therefore the lady was suffering from vaccinosis; that *Thuja* did cure it is incontrovertible, and my vaccinosis hypothesis led me to prescribe it. More cannot be maintained. At least the case must stand as a clinical triumph

for *Thuja* (30)—this much is absolute. In reply to my inquiry I received the following:

Jan. 1st, 1883.

... "I have been in very much stronger health ever since I crossed your threshold, and excepting one or two attempts at a return from the enemy, I have been quite free from suffering."

This lady continues well of her post-orbital neuralgia at the time of going to press. After the disappearance of the neuralgia, she had several other remedies from me for dyspeptic symptoms. I shall probably never have a more severe case of what I conceive to be vaccinosis, than the one just narrated, or one that had lasted longer. Twenty years may be considered enough to declare it *en permanence*, and its gradual cessation within six weeks from the time of commencing with the *Thuja*, stamps it as an undoubted drug-cure.

However the following is not uninteresting:

Case V.—A young lady, æt. 19, came under my care on March 12, 1881, complaining of bad attacks of headache for the past nine years. She said it was as if the back of her head were in a vice, and then it would be frontal, and throbbing as if her head would burst. She was very pale, and her forehead looked shiny, and in places brown. These "head attacks" occurred once or twice a week. Tendency to constipation; menses regular; an old sty visible on left eyelid; poor appetite; dislikes flesh-meat; liver enlarged a little; had a series of boils in the fall of 1880.

Feet cold; used to have chilblains; for years cannot ride in an omnibus, or in a cab, because of getting pale and sick; skin becomes rough in the wind; lips crack; gets fainty at times. To have Graphites 30.

April 13th.—Appetite and spirits better, but otherwise no change: questioned as to the duration of the

attacks, she tells me the last but one continued for three weeks—the last, three days. Over the right eye there is a red, tender patch; has two or three white-headed pustules on her face. Was vaccinated at three months, re-vaccinated at seven years, and again at fourteen. Had small-pox about ten years ago. Thus here was a case that had had small-pox ten years ago, or thereabouts, for she could not quite fix the date, and had been vaccinated three times besides, one subsequent to the small-pox!

R. Sc. Thuja Occidentalis, 5 iv. 3 x.

May 13th.—Much better; has only had one very slight headache lasting an hour or two; the frontal tender patch is no longer tender; no further faintness at all. Lips crack. The pustules in the face gone and skin quite clear. To have Thuja 12, one drop at bedtime.

June 17th.—Was taken ill yesterday fortnight with soreness of stomach; fever; nausea and perspiration. Subsequently spots broke out like pimples—eight on the face, one each on the thumb and wrist, one on the foot, and two on the back—they filled with matter, were out five days, became yellow, and then died away. Her mother says her symptoms were just the same as when patient had the small-pox. Her headaches were well just before this bout came on.

July 1st.—Continues well.

27th.—The headaches have not returned.

Feb. 24th, 1882.—The cure holds good, for she has had no headache and is otherwise well. She had subsequently some other remedies for the little tumor on her eyelid and for a small exostosis on lower jaw, but she had received nothing but Thuja when the cephalalgia disappeared and it was two or three weeks before the next medicine followed. Some months after this date this young lady was brought by her mother merely to show me how well she was, and to take final leave of me; two years later I learned from her mother

that she continued well, so the cure is permanent. An interesting feature in this case is the curious attack which came on at the beginning of June. My reading of it is that it was really a proving of Thuja, or a general organismic re-action called forth by it; and this sent me often up to the thirtieth dilution in my subsequent use of Thuja, though I have occasionally found the third decimal dilution answer better than the thirtieth.

But this is not the point of my thesis, for this case was evidently cured by the low dilution, and when the low dilutions cure, and cure promptly, even well, it cannot be necessary to go up any higher, especially as one's faith is sufficiently on the stretch without it.—[From *Vaccinosis*.

EPILEPSY.

BY

JULIA HOLMES SMITH, M.D.

Chicago.

Dec. 2nd., 1883, I was called to see one of my patients "who had a fit last night"—so said the messenger—and because in the management of this case homœopathic remedies have been used exclusively, and success has crowned the effort, I presume to present its details to the readers of the HOMŒOPATH. The history is as follows: The lady, of English birth, had a heritage from her mother of strong constitution; from her father an irritable nervous organization, the result probably of his good living, for he indulged in the pleasures of the table and died, at fifty, of apoplexy. There had been no record of convulsions in the patient's childhood, and puberty was passed without malaise of any kind, until to-day this woman can record her menstruation as absolutely free from any pathological conditions.

At eighteen, she noticed first an occasional vertigo, which was described as a black cloud passing in front of her eyes from *left to right* making her stop quite still, or else, entirely unconscious, she would walk,

always directing her route from left to right. The vertigo lasted from one minute to five, and the patient only remembered the coming of the cloud; after that all was blank. The general health was good, but medical men advised her leaving school and taking bromide. These attacks came at varying intervals, sometimes repeated during one day, again not oftener than once in a week. The patient and her friends grew accustomed to the dizziness, and at twenty-four she married. In the course of eight years she bore three fine children, labor in each instance normal, giddiness as usual during pregnancy and lactation. In March of '83 Mrs. X. was pregnant with her fourth child, and at that time, being advanced four and a half months, she had a grave convulsion in church. She had been kneeling a long time when the cloud came, and her mother reported: "She shook like an aspen, frothed at the mouth, and when the attack passed remembered nothing about it." Her husband becoming alarmed consulted their physician, who said it was nothing, a little hysteria, ordered Kali brom. and prophesied, "she will outgrow it." The family came to America in June, and I delivered the woman July 4th. She recovered well, was of spare build, a brunette, with plenty of milk, and withal a most devoted mother. With an unusual reticence, these dizzy spells were never once spoken of to me, and I was naturally somewhat amazed to learn, when I called last December, that when the child was ten days old and my visits had ceased, Mrs. X. had a very bad giddy spell, so that her little daughter, who was alone in the room with her, was frightened by mamma's shivering and spitting. She had been tending the child at the time the attack of Dec. 2d, the third of this series, was reported by her husband: "My wife was over-tired, had words with the cook, and went to bed feeling out of sorts. I was waked at midnight by a motion of the bed, and found it was caused by the spasmodic shaking of

my wife's body, who lay on her back eyes strained, pupils large and fixed face pale and hands and feet cold. She frothed at the mouth, both her tongue and her thumbs were turned in on the palm of her hand." He put hot things to her feet, rubbed her hands and gave her camphor to smell. The face gradually grew red, and when the shaking ceased after some minutes she could not articulate, but went off to sleep and in the morning knew nothing about it. When I saw the patient the appearance was one of utter exhaustion, she complained of feeling tired and was passing a great deal of colorless urine.

A careful examination showed a healthy uterus in its place, the bowels were regular, the appetite good, lungs in normal condition, temperature 98 and pulse 84. Her eyes looked heavy, pupils slightly dilated. When I examined the spine, tapping each vertebra, and found exceeding sensitiveness at the last cervical and 1st and 2d dorsal. My first prescription was Gelsemium, indicated I thought by the profuse flow of colorless urine, and I hastened to my library to study the case.

Three questions naturally arose:

First.—Have I to deal with hysteria with epileptiform convulsions, or is this a case of epilepsy?

Second.—If epilepsy, has it its origin in changes within the cranium or does the sensitiveness of these vertebrae suggest trouble with the cord?

Third.—What is the remedy?

First.—Then I differentiate between hysteria and epilepsy.

Epilepsy is one of the most frequent of nervous diseases. According to Reynolds it constitutes seven per cent. of all cases of nervous diseases which he met in hospital practice; is chronic in its nature, and there are two elements present in every case of epilepsy—diminution of intelligence and excess of muscular contraction. In epilepsy the loss of consciousness is sudden, absolute, without any sense of faintness and there is no recollection of the attack; the eye is fixed, the

features often distorted, the tongue bitten. In hysteria "the suddenness, the entire loss of consciousness, the reckless injury to person" are all lacking; and last, and final test, the approach of a sharp pointed object to the eye causes winking in the hysterical patients, while the epileptic continue unconscious of danger, and in the epileptic the thumbs lie prone in the palm.

These attacks, says Pinzel, "may be of minimum duration, simple vertigo with passing loss of consciousness, or they may continue a perceptible length of time. Sequence of the fits through a long period, other things being equal, is in favor of a diagnosis of epilepsy." My case had, first, the sequence of the fits through a long period of years; second, sudden absolute loss of consciousness; third, no memory of the attack; fourth, frothing at the mouth, fixed pupils, muscular contraction; fifth, thumbs prone in the palm.

The definition seemed plain. So I was led to my question: Was the Epilepsy caused by changes in the brain substance primarily, or by trouble in the cord.

Brown-Sequard has demonstrated that epileptic seizures can be caused by injuries to the cord. We all remember his experiments with Guinea pigs. Thinking over my case, I was clear, in each instance, of the epilepsy gravior; there had been unusual physical exertion, as well as mental excitement. In church the position of kneeling, with head bent on the folded arms, is to the strongest of us painful after a half an hour; this Good Friday solemn service lasted over two hours, nearly all the time spent kneeling. The second attack was after the nurse had gone, and the mother was having the care of her own baby, feeling anew the responsibility for the young life. The third time she had been over-doing around the house and had trouble with the cook. So my mind was made up that there were at work two causes; *one* in the brain, producing the frequent attacks of vertigo

with unconsciousness. — "*Epilepsy Mitios*" — "*Le petit mal*," probably an inherited tendency produced by the father's alcoholism, for we know that nervousness, alcoholism, etc., etc., in the parent may produce the epileptic tendency in children. The second cause, it seemed to me, was the unhealthy condition of the vertebrae, the possibility of the congestion of their coverings and blood vessels, the result of over-exertion on the part of the patient, causing pressure on the cord, and so bringing about the three attacks of *epilepsy gravior*, which I have detailed. If these vertebrae could be restored to their normal condition, the epilepsy gravior would possibly be prevented, and remedies directed to the inherited dyscrasia might cure the case. Hence my epilepsy gravior.

Third point.—What to do about it. Ziemssen, in the cyclopædia, says: "Many remedies and methods of treatment have isolated successes, but nothing is to be depended upon; nothing affords a sure prospect of recovery or even of improvement." And then are enumerated the various methods, causal, dietetic and therapeutic, which one does not feel encouraged to use, introduced by so doleful a jeremaid. But from Jahr, in his forty years practice, one gets no such uncertain sound: "As a general rule I commence with Ignatia, then Sulphur, Silicea, Calcarea, Lycopodium, Causticum or Cuprum.

With this hint I studied my *Materia Medica*, discarded all but Sulphur and Silicea, which two remedies vied with each other in presenting accurate pictures of the case. Had my courage been equal to my convictions, I'd have given one remedy, Sulphur, a trial alone. But the case was grave the husband, a son of a Swiss physician, had allopathic doctrines at his tongue's end; I dared not risk an hour, so ordered both. Sulphur 6x every morning for a week. Silicia 12x three times a day. The Sulphur was discontinued at the end of the week, to be resumed every fourth week, Silicia in the interim. A bottle of

Gels. 3 x was left with the nurse to be used for emergency, and rest with massage insisted upon.

To-day, July 8th, 1884, I can report but one attack of vertigo since Dec. 2nd, 1883. General health excellent, and no epilepsy gravior at all. No Gels. was used after the first prescription, and in the management of the case I have but one regret that two remedies were used. The question comes naturally, which did the work?

ENTERALGIA.

BY

PROF. W. A. EDMONDS, M.D.,
St. Louis.

The terms enteralgia, enterodynia, colic, indicate intestinal pain without inflammation or fever; but when violent and of long duration may result in both fever and inflammation. Colic is the term in most general use. It is an affliction of all ages, from early infancy to advanced old age, the two extremes of life being most prone to attack, with a preponderance of such painful experience against infancy and early childhood. The seat of the pain is supposed to be in the nervous and muscular tissues of the small intestines, but may radiate downward so as to invade the colon, and upward so as to include the duodenum and stomach. When present in a decided form it gives rise to a quality of anguish and personal distress equaled by few, if any other, of the bodily maladies. Probably toothache and earache bear a nearer approach to it in the way of agony than other of the abnormal conditions.

Symptoms.—As already indicated, the characteristic and distinguishing one is intense pain, which usually first makes its appearance in the site of the umbilicus. It is usually paroxysmal; that is to say, after prevailing in greater or less violence for a few seconds, or a minute or two, is succeeded by an interval of partial or complete repose. The interval of repose has no definite rule as to dura-

tion, but usually bears some relation to the length of such duration on the part of the pain paroxysm. The abdominal muscles, and especially the recti, show marked signs of implication, by sympathy or otherwise, as they become drawn into tense, hard knots or ridges. A notable feature in a majority of cases is the presence of gas within the intestinal canal, indicated by rumbling sound (borborygmus), the discharge of flatus by the mouth or anus, and a full, tympanitic contour of the abdomen. In such cases the discharge of flatus gives partial, temporary relief. In decided or violent cases of intestinal neuralgia we usually find evidence of gastric distress in the shape of nausea and vomiting. Bad cases are likely to be attended by a feeble, slow, languid pulse, cool skin, cold extremities, with cold perspiration of the entire person—a state of general prostration bordering on collapse. In malarial seasons and localities the symptoms may assume a well marked periodicity. The typical form of colic we find oftenest among infants, who manifest their distress by tossing, shrieking, gnawing the tightly clinched fists, and alternately flexing and extending the inferior extremities, “kicking and crying.” In some families this proneness to infantile colic is so uniform and persistent for the first three or four months of life as to give rise to the popular and not improbable notion of heredity. In some individuals one attack gives predisposition to a second and other succeeding ones, the predisposition bearing a ratio to the number of attacks, until the disease gets to be the bane of a whole after life. The extremes of plumpness and leanness do not seem to influence the probability of invasion, as persons of these very opposite conditions suffer severely. It is a common saying with mothers that some babies grow fat on the colic; in other instances, very thin, lean babies suffer greatly. What is known as “cramp colic” is a very violent form of attack, in which the abdominal muscles, as well as the

muscles of the extremities and chest, may be involved. In this class of cases there is the same peculiar proneness to attack the muscles composing the "calf of the leg" as is witnessed in algid cholera. The duration of symptoms is quite uncertain, varying as to time from a few minutes to several hours. Relief is usually sudden, and preceded or accompanied by free intestinal evacuations of gas or feces, or both. In very nervous persons, especially in the case of females, relief is followed by much abdominal soreness for from 24 to 48 hours.

A notable peculiarity of enteralgia is, that pressure relieves rather than increases pain. This fact is mainly diagnostic in any question which arises as to whether the symptoms may be neuralgic or inflammatory.

Prognosis.—Where the case is uncomplicated with other forms of disease, this is nearly always favorable. The symptom is exceedingly painful, and may acquire a provoking habit of frequent recurrence at irregular intervals and upon slight provocation, but rarely results fatally.

Diagnosis.—The question to be settled under this head is as to whether the case in hand be one of enteralgia or inflammation (enteritis). If the pain be paroxysmal, it is rather relieved than made worse by pressure, with no local heat or general febrile manifestation, there need be little doubt as to the neurotic character of the case. But if pain be continuous, with local and general heat and tenderness upon pressure, peritoneal or intestinal inflammation should be apprehended.

Etiology.—Dietetic excesses and irregularities cut an important figure in the causation of the trouble under consideration. Rapid eating, with insufficient mastication, sends crude food into the stomach and intestines in such form and quantity as to give pain. Particular articles of diet, to some individuals, always provoke colic, as for instance in the case of my own good wife, who can never eat

honey or eggs without suffering violent attacks of colic of four to six hours' duration. The opposite extremes of constipation and diarrhœa are very likely to be attended with severe pain, especially the former. A very frequent cause of the trouble is the presence of gaseous accumulations in the intestines, giving rise to what is popularly known as "wind colic." In still another class of cases we find a morbid neurotic condition of much pain not directly traceable to any of the causes or conditions above-mentioned.

Treatment.—In a large majority of acute or recent cases, a full enema of warm water, by its soothing influence upon the intestinal nerves and by the induction of free intestinal evacuations, brings immediate relief. Hot abdominal fomentations are serviceable in very many cases. In still other cases, it must be confessed, the somewhat untidy mustard plaster brings prompt relief.

Colocynth.—Of all other remedies this is by large odds oftener the similitum than any other. It seems peculiarly adapted to cases remarkable for much violence, the pain being sharp and fierce, with knotting of the abdominal muscles. It is specially adapted to the infantile form of the trouble. When suited to the case its action brings almost instantaneous relief.

Nux Vomica.—Obstinate constipation, with general abdominal distress, nausea and vomiting, flatulent tympanitic condition of the abdomen, much rumbling in the bowels, flatus from the mouth and anus, tenseness and straining, with ineffectual attempts at stool.

Arsenicum.—Suited to cases of a periodical character, cool extremities, feeble digestion, debility and relaxation, much thirst, albuminous urine, restlessness, thirst.

Mercurius.—Intestinal relaxation with excessive acrid bile, heavily furred tongue, fetid breath, with much salivary flow.

Plumbum.—Peculiarly adapted to

much violence and obstinacy in the pain, with torpor and intestinal constipation. I have found it especially suited to infants and young children under foregoing conditions. It is particularly indicated by pain and twisting at the umbilicus.

Cuprum.—Pain very violent and obstinate; cutting, tearing sensation in the bowels; abdomen drawn in at the umbilicus; crying and wailing, as if in the extreme of agony; pains radiate to the extremities, especially the posterior portion of the lower ones. Intussusception.

Dioscorea.—Flatulent colic, twisting sensation in the abdomen; patient has very feeble digestive powers. Pain relieved temporarily by stretching the body out, also by walking about.

Coccus.—Violent spastic sensations in the abdomen, much flatulence, griping sensation, with pressure downward; particularly suited to females if near the menstrual period, with some probable complication of the kind.

Veratrum Alb.—Obstinate constipation, violent nausea and vomiting, intussusception, cutting pains, as if knives were being driven into the parts; cold extremities; body bathed in cold perspiration; weak pulse; threatened collapse; no discharge of flatus upward or downward.

Stannum.—Habitually recurring attacks; paroxysm begins mildly, but steadily increases to great violence, and then slowly and steadily recedes; good for hearty eaters, also for persons with much tendency to neurotic disorders generally.

THE PASSION FLOWER.

BY

GEO. W. WINTERBURN, M.D.,
New York.

The passionworts form a group of upward of two thousand species, chiefly natives of tropical America, but few of them growing in the United States. They are climbing shrubs,

growing to the height of thirty feet or more, and bearing huge flowers of peculiar construction. From a fancied resemblance of the several parts of the flower to the cross, nails and crown of thorns of our Saviour's passion it derives its name. The species to which I now call attention—*passiflora incarnata*—grows freely throughout our southern States from Virginia southward. The flowers appear in May, are white, large, and showy, continuing but for a day. The berry is edible, pale yellow in color, and about the size of an apple. A tincture is made of the green leaves gathered while the plant is in blossom; and a fluid extract from the root.

The therapeutic uses of the white passion flower resemble the bromides on one hand and gelsemium on the other. It is one of our best hypnotics, producing a quiet pleasant sleep, altogether different from the comatose stupor of morphia, and from which the patient may be aroused at any moment. It may be given in doses of two or three drops of the tincture or low dilution. Even in the worst form of sleeplessness, that associated with suicidal mania, this drug will produce quiet slumber, from which the patient awakens with clear mind and rational thoughts.

Mr. C. S., aged forty-nine, bilious cephalic type, naturally very irritable, had suffered from insomnia for nearly a year, the result of over work. Picric acid had been given to him for some time, about six months previously, under which he had greatly improved. He then passed out of my hands, and I saw him no more for months. Meanwhile he had had very heavy business cares, which had so worked upon his mind that he was almost crazy. He was very restless, deeply dejected, and had planned suicide several times during the past week, which had luckily been discovered and prevented. Morphine had been used, but seemed to make him more irritable. The bromide of potassium had also proven ineffectual. I was called and administered five drops of

the tincture of passion flower, repeating the dose twice at intervals of ten minutes ; he fell asleep and remained asleep for eleven hours, when he woke up a totally different man from the evening previous. Various remedies were used as indicated for the brain condition, but he never suffered from the lack of sleep after that, a ten drop dose usually sufficing to procure a quiet night's rest.

This is but one of many cases which might be cited. In its control of convulsion *passiflora* closely resembles *gelsemium*. It will be found of service in *opisthotonos*, *trismus*, and *tetanus*. I was called to see a child about four years of age in June 1880. She had been unconscious for nearly two hours ; the limbs were extended and so tense as to be immovable ; *opisthotonos* was present to a slight degree, the head being rotated backward upon the spine ; the eyes were fixed and glassy ; and the breathing labored. I gave at once five drops of tincture of passion flower and followed it every half hour with drop doses ; in three hours the child fell into a quiet slumber, and the next day was apparently as well as ever.

THE ACTION OF ASPARAGUS.

BY

C. LLOYD TUCKEY, M.D.,

London.

We sometimes hear our friends complain of *embarras de richesses* in regard to our *Materia Medica*, but this very richness is, it seems to me, one of the greatest advantages of our system. How often, after exhausting the polycrests and semi-polycrests, are we glad to turn to some drug almost unknown to us, guided to it by the *Repertory* or by some remarks of an old writer, to find in it our *similimum* and the way out of our trouble. I think if we kept an account of remarkable cures of uncommon diseases we should find these outside medicines credited with a great number of triumphs.

These thoughts have occurred to me in consequence of having within the last few months met with two cases in which asparagus was given with marked success after other means of cure had failed. That the medicine is less used than it deserves to be is, I think, shown by its omission from most of our text books, and from several of our chemists telling me they have never been asked for it.

We all know asparagus as a succulent vegetable which has a marked diuretic action on most people, and homœopaths more than forty years ago, led by this fact, proved it in the usual way. The proving is, however, fragmentary, and Jahr remarks that but little is known of the medicine.

Though in using the *Repertory* one is occasionally led to think of asparagus in obstinate cases, the symptoms noted by the prover seem to me too vague and general to justify its use in a critical case without good testimony to its reliability. This testimony was supplied to me by my lamented friend, Dr. Hilbers, to whom let me gratefully own I am indebted for many invaluable clinical and therapeutic hints. He, I believe, chiefly used it in palpitation depending upon organic disease of the heart with renal symptoms.

The first case of bladder disease in which I used asparagus occurred about a year ago. A gentleman over seventy years of age had a sudden retention of urine, for which he was treated by catheterization. The operation was so roughly performed that the prostate gland was seriously lacerated, and violent inflammation of the bladder set up.

The disease ran a most tedious and painful course, and for six weeks the only water passed was through a catheter used night and morning. The urine was during this time scanty, and full of pus and epithelial debris from the lining membrane of the bladder. There was frequently painful tenesmus of the bladder and rectum, and large quantities of pros-

tatic fluid came away. Rectal examination revealed an enormously enlarged prostate, which was very painful to the touch and evidently inflamed. The general system suffered much, and there was a great deal of restlessness and palpitation.

In old persons one knows by experience how grave such cases are, and how often they end in chronic ill-health and death from exhaustion. Things looked badly for my patient, and *terebinth*, *cinnabis*, *cantharis* and other medicines produced no striking effect. *Asparagus 3*, however, altered the whole aspect of the case in a few days; the urine increased in quantity, and gradually lost in pus and epithelium, the tenesmus ceased, and the contractile power of the bladder became re-established *pari passu*, with decrease in size of the prostate. In three weeks from the time of the first dose of *asparagus*, the catheter became unnecessary, except as an occasional precautionary measure, and the patient went to the seaside and finally became quite well.

The second case is still under observation. A gentleman, aged fifty, got an attack of inflammation of the neck of the bladder, apparently from exposure to cold and wet during the late severe weather. The symptoms were of the usual kind; frequent and distressing tenesmus, urine loaded with pus and flakes of the mucous lining of the bladder, prostration, sleeplessness, and discharge of prostatic fluid. *Cantharis 3* in a few days effected wonders, but a serious relapse occurred, whether from fresh cold or other cause I know not, and it was then given without effect. Palpitation of the heart, especially at night, was a striking symptom of this attack, and I prescribed *asparagus 3* with fair confidence. The result, however, exceeded my most sanguine hopes, for the disease was checked within a few hours; the large patches of mucous membrane in the water became replaced by small shreds, and in forty-eight hours these also had almost disappeared. The subjective

symptoms underwent still more rapid abatement, and in less than a week the patient was virtually cured.

Both these gentlemen had been under good allopathic treatment for some time before I saw them—case No. 2 three weeks—and they at once noticed on changing the treatment how our medicines seemed to go to the part affected and have it out with the disease on the spot.

Alkalines internally, and *belladonna* and *morphia* suppositories seemed, according to their account, to affect the system at large, but to leave the local disease untouched.

We expect great things from our polycrests, but when a somewhat despised and neglected outsider does good service and fulfills its indications, we appreciate the resources of homœopathy and the industry of its founders to the fullest extent.—*Hom. Review*.

MOUTH RESPIRATION.

BY

W. R. AMICK, M. D.,
Cincinnati.

It might seem a simple and harmless process to breathe through the mouth. So far as the act itself is concerned, it is very simple and quite easy. We speak of this, not because there is any difficulty in this method of respiration, but on account of the results that may follow such a practice. A person may go to sleep and during the night may have an attack of that, to some at least, king-terror-of-the-night, the nightmare; others imagine that they have received a visit from his Satanic Majesty, Nicholas the First. They awake and are nervous and are frightened. In some cases the sufferers imagine that there are burglars in the room, when they cry out and make an effort to move, when they seem to realize that they are paralyzed. During this time there is a great strain thrown upon the nervous system, and after the attack has passed off, they feel weak and exhausted. The cause of all this is

very commonly ascribed to late suppers, indigestible food, and exhaustion of the nervous system from mental over-work.

At the same time that we are willing to admit that these conditions may and frequently do cause nightmare, yet we have been able to verify to our own satisfaction that in some cases it is caused by breathing through the mouth while sleeping. Simply because a person goes to sleep with the mouth shut, and awakes with it in the same condition, it is not proof positive that they have not been inhaling the air through it. The same may be said of this condition as of snoring, as the latter is caused by the former. As soon as the sleeper returns to consciousness the mouth is closed, and the snoring ceases. Before sleeping, while conscious, the mouth is kept closed, and this unmusical and inharmonious sound is not produced. It takes place during unconsciousness and the sleeper is not aware of it, and ceases with the slumber, hence the snorer will generally most positively assert that although he may possess many other attributes, snoring is an element that does not enter into the composition of his qualifications. Yet it is frequently found upon awaking that the mouth, tongue and throat are dry, thus proving that they have been breathing through the mouth.

A person does not feel as much refreshed after sleeping with the mouth open, but on the contrary, when the time arrives for them to get up, they are languid, and have a sense of fatigue and a desire to go to sleep again.

For those who have suffered from disease of the lungs it does not require any additional evidence to prove to them that the above statements are correct.

From the location of the teeth it is evident that the mouth was intended for the mastication of food and preparing it for the stomach, and the nostrils prepare the air for the lungs. This last statement may seem

absurd, to say that the air is prepared for the lungs; nevertheless we mean what we say, and will present an instance or two to prove the assertion.

It is a known fact that a man can inhale through the nose for a certain time mephitic air in the bottom of a well without harm, but when he opens his mouth to answer questions or call for help, in that position his lungs are closed, and he expires (Catlin).

The man who kills the venomous rattlesnake or deadly copperhead, and stands over it, inhaling the air through the nose, is not affected, but if he breathes the atmosphere containing the effluvia that has been thrown off from the reptile, through the mouth, he become nauseated and very sick. It is reported that death has been produced in this manner. Ophidian hunters are generally well aware of this fact, and quite frequently snake-charmers, when exhibiting their pets and giving a history of their reptilian collection, mention the effect caused by inhaling the effluvia.

From the instances just related, it is evident that the air undergoes some modification in its passage through the nose.

The openings on either side of the septum of the nose are not simple, straight canals, but partake more of a compound nature, caused by the projections and curvings of the turbinated bones, and are covered or lined with mucous membrane. In the normal state this membrane is moist from its own natural secretion. This membrane also requires the stimulus of the air in order to produce a normal secretion. The air in passing through this chamber is warmed, so that it enters the lungs much nearer their normal temperature than it does when it is inhaled through the mouth. Hence there is less liability to produce a catarrhal condition, or cause inflammatory or congestive condition of the lungs when respiration is through the nostrils.

The air is full of very fine germs float-

ing about in all directions, and every time we breathe we draw some of them into the lungs, from the latter they pass into the circulation, and in this manner contagious diseases frequently spread. If the air is made to pass through the nose, a large number of these germs are caught by the moist mucous membrane, and then thrown out by expiration, hence they do not reach the lungs.

In view of the present wide-spread germ theory of disease, it would be interesting to know what per cent. or how many of those who are attacked by any of the epidemic diseases are mouth breathers.

It is evident that if the lethal properties of mephitic air or the toxic effluvia of poisonous reptiles cannot carry their power through nature's natural portals of the lungs, that contagion or infectious germs would also be arrested at this point. Even if only a portion of the bacteria were caught by the mucous membrane of the nose, the chances in favor of a diseased condition being induced by their presence will be lessened.

We are told that "the breath of life was breathed into man's nostrils."

On account of one of the freaks of nature's natural coincidences, we also have the function or sense of smell located in the same organ. The evidence, then, would seem to indicate that man should continue to inhale the atmosphere through the nostrils.

The inhaling of the air through the nose aids evolution, while if respired through the mouth, it has a tendency to induce or favor dissolution. For the sake of comparison, we might say that the air which passes through the nose before it enters the lungs is as different from that which passes through the mouth as distilled water is from the common hydrant water. The nose acts as the percolator, where the great majority of the animalculæ are caught and prevented from passing into the alveoli of the lungs, and at the same time, the temperature of the air is elevated by

passing over the warm surface of the mucous membrane.

The sense or faculty of hearing may be impaired as the result of mouth respiration. While the disease produced may be different in some respects from catarrhal deafness, yet it is so nearly allied to it that, practically, it could be considered as such. Mouth respiration, from occlusion of the nostrils, is undoubtedly a cause of deafness. We do not mean to say that pure mouth respiration, without any other abnormal condition, would necessarily lead to anything like a defect of hearing. As long as the Eustachian tube is patulous, and the tympanic cavity is properly ventilated, and there is not a sufficient amount of increased tension or of thickening to interfere with the membrane tympani or ossicles performing their respective functions, hearing will not be impaired.

As a result of nasal obstruction, there will be sooner or later a structural change, the result of the inflammation or congestion extending to the Eustachian tube, and involving, not only the orifice, but also the lining membrane. This congestion is of the continuous or chronic variety, and as a result we have a thickening or hypertrophy of the mucous membrane. The increase in the thickening of the lining membrane must necessarily be at the expense of the canal in the tube, and as the hypertrophy increases, the caliber decreases. After a while, instead of patulous, we have a closed canal. This condition then not only prevents the aëration of the middle ear, but leads to an increase in the intratympanic tension, which necessarily produces deafness.

The constant inhalation of cold air upon the pharynx has a tendency to act as an irritant, and may produce congestion. If the follicles become involved, then we have presented the condition known as follicular pharyngitis.

Dry, sore throat, or that form called pharyngitis sicca, is not only a

very unpleasant condition and quite annoying, yet it is commonly developed in the habitual mouth breather.

Mouth respiration is a habit that is frequently caused by some obstruction in the nasal passages, so that it requires an effort to respire through the nose. Or it may be that the obstruction is so complete that the air can not be forced through the nasal passages. An occlusion of the nose from a tumor or a thickening of some of the parts that enter into the formation of these cavities will necessitate breathing through the mouth.

This form of respiration may cause asthma. This might seem like a statement that had been brought in from the most remote boundaries of a very lucid imagination, yet it can very easily be placed within the pale of reason. We have already stated that in respiration through the nose quite a large number of the germs that are floating in the atmosphere are caught by the moist mucous membrane and thus prevented from entering the lungs. The exciting cause of asthma, in many instances, is due to the inhalation of particles of dust or the pollen of certain grasses or plants. If the breathing is through the nostrils then quite a large number of these particles will be prevented from passing into the lungs. To that extent that we lessen the cause we also decrease the liability of an attack, or the seizure may be modified. However, the particles of dust, or germs, act chiefly as the exciting cause. In 75 or 80 per cent. of asthmatic cases there is a predisposition or predisposing cause existing. This consists of bronchial irritation or inflammation. The simple presence of the inflammation of itself, does not generally cause an attack, but the presence of an excitant is required. The inhalation of air impregnated with irritating germs is generally sufficient to develop an attack. The larger the number of these germs that are brought in contact with the bronchial mucous membrane the greater the prospect and the more pronounced the asthmatic

fit. If there is that *something* in the mechanism of the nose that will prevent the germs passing through this organ, or even a portion of them, then it is evident that respiration should be through this organ. Nature can be assisted by art in these cases. If a person, asthmatically disposed, and especially sensible to certain forms of dust or pollen, will place cotton wool in the nostrils and then not allow any air to pass into the lungs through the mouth, they will find that they can breathe this germ-impregnated atmosphere almost with impunity, which without this precaution would especially develop an attack.

The cause which induces mouth respiration may be located in the mouth or throat as well as in the nose.

There may be a complete or partial closure of the nasal passages, especially of the inferior meatus, and this is the principal portion of the nose that is concerned in respiration. This obstruction may arise from a deviation or bending of the septum. This condition may be caused by an accident or it may be congenital. The obstruction may be located in any part of the nose. It may involve only one side, then again both may be included. Probably one of the most common causes of nasal obstruction is a polypus. The polypi may be located in any part of the nasal passages, but more commonly in the central or posterior portions. If in the extreme posterior then it is known as a naso-pharyngeal polypus. There may be two existing at the same time, one upon either side of the vomer.

It is very evident that if mouth respiration is caused by an obstruction of this kind that the remedy would consist in removing the growth.

A polypus might exist in the nasal cavities for months and the possessor not know it. They probably would be aware of the fact that the throat was easily congested, or from a trifling exposure the voice would become husky, or that there was a tendency

to breathe through the mouth. At the same time they would be annoyed with a constant hawking, endeavoring to relieve themselves of a something that appeared to be high up in the throat, not knowing that the cause of all of their discomfiture was a polypus.

The nasal passages may be partially or even completely occluded by an exostosis of the bony walls. This is what we might call a tumor formed of bone. Then again the mucous membrane may become thickened or hypertrophied to such an extent as to completely prevent the passage of air.

A deviation of the septum does not necessarily prevent nasal respiration. It simply enlarges one of the passages at the expense of the other and is quite common. A burn or scald, or even an extensive ulceration may act as the cause of an obstruction by producing a contraction of the soft parts.

Children sometimes put beads, buttons, seeds and other miscellaneous articles up their noses, and as a result of their presence irritation, inflammation, ulceration, an obstruction more or less marked is the ultimatum.

In the mouth enlarged tonsils probably stand at the head of the list of causes in producing obstruction to nasal respiration. When these glands become sufficiently enlarged they press backward against the posterior wall of the pharynx, filling up, and occluding the space between the larynx and the post-nasal passages. When they are sufficiently enlarged to cause pressure upon the surrounding structures they then act as foreign bodies and are a constant source of irritation.

An enlarged tonsil may press the velum or curtain-like portion of the soft palate backward against the posterior wall of the pharynx, and in this manner prevent, or at least greatly interfere with nasal respiration. A tumor springing from the soft palate, or from some portion of the pharyngeal wall may be the cause of mouth respiration.

An elongated uvula is quite frequently the cause of a hacking cough, and this may lead to non-nasal respiration. When the mouth is closed and respiration is through the nose, the pendulous portion of the soft palate is carried further forward in order to allow the air to pass freely from the post-nasal passages through the pharynx to the larynx. The uvula is a continuation or an elongation of the central portion of the soft palate, extending downward. When, as we have already stated, the mouth is closed, the uvula is brought close behind the base of the tongue. In this region we have located the epiglottis, or the guard-valve of the trachea. The uvula coming in contact with the epiglottis excites an irritation which is frequently accompanied with a tickling sensation, and this produces the hacking cough. When the mouth is opened and respiration is performed through it, the soft palate is elevated and carried further backward, and as the uvula is not only attached to, but a part of this structure, it is necessarily removed from contact with the epiglottis. This then gives relief from the very annoying tickling sensation and irritation and also the cough. The person thus afflicted finds relief in mouth respiration, and in this manner the habit may be acquired.

In quite a number of these cases there is more or less deformity of the teeth, a disfigurement of the mouth and even of the entire face, retraction of the lips, depressed *alæ nasi*. The size of the orifices of the nostrils are diminished, the septum extends further downward than the *alæ*. In such persons nasal respiration is frequently accompanied with a wheezing noise. This is caused by the approximation of the *alæ* to the septum, lessening the size of the orifice and converting it into a chink. The air rushing through this narrow space produces the sound. It may be increased by mucus or the presence of hair in this locality.

Age is no respecter of persons and we all have to submit to the signs that

are made by the wand of senility. In some these signs appear much earlier in life than in others. Those who enjoy good health and have a robust constitution do not exhibit them until late in the afternoon of life. Those who are possessed of a delicate constitution, but observe the laws of nature, may pass the meridian before the signs become visible. But in the habitual mouth-breather, it is not uncommon for wrinkles, or crow's feet, as they are frequently called, to make their appearance around the external corners of the eyes when they should be in the hey-day of womanhood or manhood.

When, from any cause, the power of vision is destroyed in one eye (we refer to uncomplicated cases of unilateral destruction of visual power), apparently, and no doubt with some reality, the sight in the remaining eye is increased. Again the power of hearing may be destroyed in one ear and sensation appears to concentrate the entire brain force of this function in the other ear. The same might be said of other organs or members of the body. This law of compensation does not apply to the nasal organ. If one side of the nostril is closed the other does not dilate to that extent that it can be said to compensate for the obstruction. The reverse of this is very liable to be the result, and the contraction or closure of one side may be the cause that will produce congestion and thickening in the other. Then, as the amount of air that is required by nature for the proper oxygenation of the blood cannot pass through the nose, mouth respiration will become a necessity.

It is stated that the Indian squaws when they put their infants to sleep always notice the child's mouth. If it is not firmly closed they gently press the lips together. So the Indian during papoosehood, whether suspended from a limb, by the handle of the cradle, or leaning against a tree or flung across the squaw's back, is not only taught but made to respire through the nose. The intellectual

white man might possibly learn a lesson from the ignorant red man in this department.—*Lancet and Clinic.*

TREATMENT OF ERYSIPELAS.

BY
DR. P. JOUSSET,
Paris.

(Translated from the French by F. A. G.)

Erysipelas is a contagious disease, often epidemic, characterized by superficial inflammation of the skin, and of an encroaching nature.

Erysipelas has three forms, viz., the common, the benign, and the malignant.

I. *Treatment of the Common Form of Erysipelas.*—The common or fixed form is erysipelas of the face. *Belladonna*, *apis* and *rhus tox.* are the three classical drugs; *china*, of which we shall speak in the treatment of the malignant form, may be prescribed with advantage in this form.

1st. *Belladonna.* This drug is indicated in superficial inflammation of the skin, painful swelling of the ganglions, feverish motion, vomiting, with constipation and cerebral symptoms—shining redness of the skin is characteristic for the use of belladonna. We habitually prescribe the 3° dilution, some homœopathsists commend the mother tincture in five or six drop doses daily. The allopathic, Dr. Liston, quoted by Richard Hughes, used small doses of the extract of belladonna with very great success.

2d. *Apis* is indicated in more pronounced œdema, and in the darker color of erysipelas, it corresponds to angina by propagation and to threatening œdema of the glottis. We prefer the 3° trituration.

3d. *Rhus tox.* is indicated by the abundant formation of phlyctœna, and the somber color of erysipelas. I have found the alternation of belladonna and *rhus tox.* useful. The doses the same as for belladonna.

II. *Treatment of the Malignant Form of Erysipelas.*—This form cor-

responds with the malignant forms of eruptive fevers. It is characterized by variance of the symptoms, febrile motion, disproportioned to the gravity of the disease, a tendency to chilliness; mobility and multiplicity of the erysipelatous inflammation; easy contagion and extreme seriousness, gravity. *China*, *lachesis*, *arsenicum*, *carbo. veg.*, and *aconite* are the principal drugs of this form.

1st. *China*, which I have given on the recommendation of Jaccoud, is an excellent drug, which, for many years has sufficed me in every serious case of erysipelas. We demonstrated in our *Clinical Lessons* (2d series), that the sulphate of quinine and quinquina are homœopathic to erysipelatous inflammation and to the feverish remittent febrile motion accompanying it. The numerous cures made by Jaccoud with the wine of quinquina may, therefore, be included in the chapter of homœopathic cures due to chance. Ambulatory erysipelas, intense delirium, declining strength, feebleness of the pulse, tendency to chilliness, commencing collapse are the formal indication of china in the treatment of erysipelas. Hitherto, in serious cases, I have prescribed as much as five grammes of the mother tincture daily.

2d. *Lachesis* was my principal drug before the appropriation of china to the malignant form of erysipelas. This drug is indicated in this so frequent, and serious character of this form of erysipelas of a feverish movement slightly intense in appearance, coincident with an exceedingly grave condition; the pulse not very frequent, the skin fresh, even cold, and death imminent. *Lachesis* is prescribed in 3° trituration.

3d. *Arsenicum* should be preferred if the skin is burning, strong thirst, considerable anxiety and agitation.

4th. *Carbo veg.* is indicated in the period of collapse; it is the drug of commencing agony, the 30° dilution is the ore that should be preferred.

5th. We must say a word here

about *aconitum*, which has been used in this disease. It is a drug of the outset of violent fever with the proper aconite indications—excessive heat, flushed face, strong and frequent pulse, thirst, anxiety, and considerable agitation. When the symptoms are presented in the common form, or in the malignant form, aconite is the drug; it should be prescribed in the dose of 40 drops of mother tincture daily.

III. *Treatment of the benign form of Erysipelas.*—This form is characterized by a very moderate, feverish motion, very limited inflammation of the skin, and a duration of four to seven days.

1st. *Belladonna* is the principal drug; we do not recall its indications.

2d. *Graphites* is indicated when there is no fever, and the erysipelas is accompanied with pruritus.

Hygienic Rules.—Patients attacked by erysipelas ought, during its course and during convalescence, to be sheltered from out-door air, almost to the same extent as scarlatina patients. A too early out-door exercise may cause a development of œdema of the face, and very often bring on a return of the erysipelas.

Patients should remain in their room at least eight days in summer and fifteen days in winter.—*L'Art Médical*, May, 1884.

ABSTRACTS.

THE NUMBER SEVEN.—“Six days shalt thou labor and do all thy work, and on the seventh day rest from thy labors.” Probably from the day this command was first uttered there has attached to the number seven something of mystic virtue. In our day there is a very popular belief that “things go by sevens,” and the seventh son of a seventh son is believed by a very large proportion of the people, as we find them, to be vested with some power to heal, which is not vouchsafed to the general run of mortals, no matter how they may seek to prepare them-

selves by improving all the advantages of the present "advanced standard of medical education." Hippocrates believed there was "luck in sevens," and he, like Shakspeare, divided the life of man into seven stages, holding that the number seven is the fountain of all the changes in life. For instance, the teeth appear in the seventh month or sooner, and are shed and renewed in the seventh year, when infancy is fully changed into childhood. At twice seven years puberty begins. At three times seven the adolescent faculties are developed, manhood commences, and men become legally competent to complete civil acts. At four times seven man is in full possession of all his strength. At five times seven he is fitted for all the business of the world. At six times seven he becomes wise, if ever. At seven times seven he is in his apogee, and from that time decays. At eight times seven he is in his first climacteric. At nine times seven he is in his last or grand climacteric, and at ten times seven he has approached the normal period of life.

There are some remarkable septenary coincidences in the discharge of physiological functions, and in disease processes. The human female menstruates in four times seven days, and in forty times seven days she gives birth to her child. The period of gestation in animals is, in many if not in all instances, a multiple of seven. In the dog it is nine times seven days; in the cat, eight times seven; in the fox, six times seven. The common hen sits on her eggs three times seven days; the duck and goose, four times seven; the crow, three times seven; the swan, six times seven; the peacock, four times seven; the canary and pigeon, twice seven. Bees hatch out in three times seven days. Fever and ague has a tendency to terminate spontaneously after the 7th, 14th and 21st paroxysms. Relapsing fever is a disease of seven days' duration. Typhoid fever lasts three times seven days. The incubation of measles is twice seven days, and the disease it-

self lasts seven days—three days of catarrh and four of eruption—before it declines. Scarlet fever and erysipelas occupy seven days. Small-pox requires twice seven days—from the time of the appearance of the primary fever and the full development of the eruption, seven days, and in seven days more the whole crop of pustules has been converted into desiccated scabs.

Truly, there is something wonderful about the number seven.—*Med. Age.*

DOCTORS' MISTAKES.—At the recent meeting of the Kentucky State Medical Society, a number of the members grew quite confidential, and related, when in that mood, some experiences which it is not customary to see recorded in the public prints. For instance, Dr. Stone told of a German woman, the mother of three children, whose case was pronounced to be one of simple ascites. Several physicians, among whom was a distinguished professor of surgery, saw the case, and the latter used the sound and speculum to verify his diagnosis, preparatory to the operation which he contemplated performing for the removal of the left ovary. The manipulation excited some contractions of the uterus, during which a large clot of blood was expelled. After these symptoms passed away, an able obstetrician and professor, and an author of national reputation, was called in, with a view to making the diagnosis doubly sure. He, too, examined with sound and speculum, and diagnosed the existence of two tumors, one the enlarged and sub-involuted uterus, the other of doubtful character, probably cystic, developed within the broad ligament. The sound, when withdrawn, as in the previous examinations, was covered with blood, and pains came on soon afterwards. In fifteen minutes, a clot of blood and three pints of water passed from her vagina, and a few hours later the woman gave birth to

a six and a half months' child, which lived till morning and died.

Dr. Vandell, of Louisville, related several experiences which, recorded in detail, would make quite as interesting a report as that by Dr. Stone. He knew of two or three such cases as that reported by the doctor. Prof. Miller and Prof. Bayliss diagnosed an abdominal tumor to be ovarian, and not until the woman gave birth to a child did they discover their mistake. Some years afterward a woman came up from Mobile. She had a tumor. She was a widow. Parvin saw it, Miller saw it, Thomas saw it. All declared it to be a fibroid. In the fall she gave birth to a child. Dr. Y. saw a case four years ago of an enormous tumor pronounced by Parvin, Gross and other eminent men, with himself, to be a fibroid. The woman was put on muriate ammonia and ergotine. One night, after about three years of such treatment, she was seized with all the symptoms of peritonitis, collapse and shock. She was tapped, and an enormous quantity of fluid was drawn off. The cyst refilled. Dr. Vandell operated on her afterward for its enucleation, and while the operation was as easy as it was possible to do, the woman died.

Such cases show simply that the wisest and most experienced of us make mistakes.—*Med. Age.*

PROGRESSIVE SANITATION.—The sanitary condition of great cities today is vastly better than of those of the Middle Ages, although very far from what common prudence deems desirable. It is still true that people live longer in rural districts than in cities, yet ever since civilization began to inquire into and regulate public hygiene there has been steady improvement. Statistics may not yet be fully reliable, yet the best we have prove that life has been prolonged by civilization. According to Wagner, "In the twentieth year of life the probable survival was in the sixteenth century twenty-two years; in this century forty years."

Among children the death-rate depends upon the social position or high civilization of the parents. In England, according to the tables of Mr. Ansell, of 100,000 children born alive 74,000 will live at the end of the fifth year; but among the upper classes, who can afford the appliances of modern life, there will be 87,000, and among the peerage there will be 90,000.—*Boston Med. and Sur. Journal.*

FOR SPRAINS.—The limb is to be put into a vessel of very hot water immediately, boiling water being added as it can be borne, and kept immersed for twenty minutes or until the pain ceases. Then put on a pretty tight bandage and order rest. Sometimes the joint can be used in twelve hours.—*College and Clinical Record.*

WHAT IS MALARIA.—I must be permitted to say here that it is not derogatory to the medical profession, as a body, that they cannot positively assert what is the peculiar principle or essence in the air, if it is in the air at all, by which fever-and-ague is conveyed into the human system. On the contrary, it is a credit to the profession, as a body, that notwithstanding previous disappointments, many of its members are still diligently searching to find this unknown cause; and who will doubt that, in time, it will be discovered.—*Sanitarian.*

MANAGEMENT OF PATIENTS DURING CAPITAL OPERATIONS.—In a paper with the above title Dr. George W. Gay urges that special attention be paid to the following particulars: If shock or collapse be present, put nothing into the stomach, but stimulate and nourish by the skin and rectum. Take extra pains to keep the patient warm by means of heaters, blankets, and a rubber sheet. Disturb him as little as possible with examinations, moving, changing of clothes, or dressings, etc. Use the least possible quantity of the anæsthetic, and allow the patient to rally

early, depending upon opiates to control subsequent pain and inquietude. Finish the operation as quickly as is compatible with its proper performance.

Get the patient into a warmed bed as soon as possible, and without any exposure to cold. Preserve the utmost quiet, and avoid doing too much for the patient until fair reaction has taken place.—*Boston Med. and Surg. Jour.*

EFFECTS OF MASSAGE ON GASTRIC ASSIMILATION AND NERVOUS DEBILITY.—Dr. J. Beresford Ryley says: I feel that it would be wearisome to reiterate the history of all the cases that I have treated in this way; and so will content myself by expressing an opinion founded on them, that in all cases of functional nerve prostration, and its various morbid consequences, massage will seldom fail to effect a rapid cure, and that its influence upon the assimilative and digestive functions of the stomach is especially remarkable; its effectiveness in other forms of disease has yet to be proved, but I am inclined to think that its application will have a much wider range than has at present been assigned to it, and that it will be supplementary to other treatment in most cases where long-continued rest is necessary. I am employing it at the present moment in this way with great advantage, in a case of fibroid degeneration of the uterus, with severe and long-standing menorrhagia. The marked anæmia is rapidly improving under its influence, the flesh becoming firmer, and the appetite and digestion greatly increased. It appears to do good also in another way—namely, by employing the patient's mind, and thus relieving the monotony of the recumbent position when long maintained.—*Lancet.*

THE TRACTION SUTURE.—Dr. Oscar H. Allis recommends the following device, to obviate the ten-

dency of sutures to cut their way out when there is considerable tension of the skin at the edges of a wound: After drying the skin thoroughly he applies strips of adhesive plaster, passing from the margin of the wound in the direction in which the sutures are to hold. The needle is then passed deeply through both plaster and skin, and before the sutures are tightened an assistant approximates the margins of the wound by pressure from his hands. Sutures employed in this manner, the writer claims, have a firm hold upon the plaster, exert their traction upon a large surface, are less irritating and harmful, and will continue an efficient action much longer than the ordinary integument sutures.—*Annals Anat. and Surg.*

DIMINUTION OF UREA IN CANCER.—Dr. W. Rommelaère publishes a series of clinical observations illustrating a new fact in the pathology of cancer. He finds, in thirty-four cases, that in persons subject to cancer the amount of urea daily eliminated progressively diminishes until it is below 3 iij. By studying the urea eliminated in cases, for example, where doubt exists between gastric ulcer and cancer, a diagnosis can be made. In twelve cases of ulcer of the stomach the daily amount of urea eliminated was about 3 vi.—*Medical Record.*

HOT MILK AS A RESTORATIVE.—In the *Times and Gazette* a note appears on the use of hot milk as a restorative. When heated above 100° F., milk loses its sweetness and density, but has a most cordial influence over mind and body when exhausted by labor or mental strain. Its effects are more satisfying and more enduring than those of alcoholic stimulants. The *Medical Age* says any value as a stimulant which is attached to either hot milk or hot water can only be from the heat which it imparts on absorption to the circulating fluids.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor :

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors :

Profs. S. P. Burdick, E. M. Hale, E. C. Franklin,
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood. Drs. G. N.
Brigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millsbaugh, Mrs. J. G.
Brinkman, Mrs. Julia H. Smith.

Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless endorsed in our editorials.*

SUBSCRIPTION, \$2 per year, in advance. For accommodation of subscribers, this journal is not discontinued until an order is received to that effect.

Remittances may be made by Post Office order, check or inclosed in a Registered Letter, at our risk.

A. L. CHATTERTON PUB. CO.,

New York.

EDITORIAL.

The cholera spreads slowly in France ; up to this date (July 26), only fourteen towns have been infected. The percentage of mortality is, however, extremely high. In Toulon 593 deaths have occurred in about 850 cases, and in all France 1,000 deaths in 1,500. This is accounted for by the fact that the disorder appears to have attacked sickly persons mainly, and rarely those in good health. It will therefore probably be found, at the close of the year that the average mortality has not been increased by the epidemic. This has often been noticed in epidemics of small-pox, and other infectious diseases, that while many die of the disorder, yet at the end of the year the total death-rate has not exceeded the average ; showing that only those die from the epidemic dis-

ease who would have died any way had this particular epidemic not been raging.

* * *

One reads with impatience the silly quarantine regulations established against cholera. Travelers, merely because they have passed through infected districts, are huddled together in filthy and unhealthy quarters, where the disorder would surely germinate if anywhere. In the face of such incompetency the following remarks by Florence Nightingale are worthy of special attention :

"Our whole experience in India, where cholera is never wholly absent, tends to prove—nay, actually does prove—that cholera is not communicated from person to person.

"That the disease cannot be ascribed to 'somebody else ;' that is, that the sick do not manufacture a 'special poison' which causes the disease.

"That cholera is a local disease—an epidemic affecting localities, and there depending on pollution of earth, air, and water and buildings.

"That the isolation of the sick cannot stop the disease, nor quarantine, nor cordons, nor the like. These, indeed, may tend fatally to aggravate the disease, directly and indirectly, by turning away our attention from the only measures which can stop it.

"That the only preventive is to put the earth, air, and water and buildings into a healthy state by scavenging, limewashing and every kind of sanitary work, and, if cholera does come, to move the people from the places where the disease has broken out and then to cleanse.

"Persons about cholera patients do

not 'catch' the disease from the sick any more than cases of poisoning 'infect' others. If a number of persons have been poisoned, say by arsenic put by mistake into food, it is because they have each swallowed the arsenic. It is not because they have taken 'it,' the 'mysterious influence,' of one another.

"In looking sadly at Egypt—Egypt, where cholera did not begin anywhere along the route from India to Europe, but at Damietta, where no ship and no passenger ever stops, and where the dreadful insanitary condition of the place fully accounts for any outbreak of cholera—in sorrowfully looking at Egypt and at Europe now, one might almost say that it is this doctrine of a special poison emanating from the sick, and which it is thought can be carried in a package, that has (mentally) 'poisoned' us. People will soon believe that you can take cholera by taking a railway ticket. They speak as if the only reason against enforcing quarantine were, not that it is an impossibility and an absurdity to stop disease in this way, but that it is impossible to enforce quarantine. 'If only we could,' they say, 'all would be well.'

"Vigorously enforce sanitary measures, but with judgment—*e. g.*, scavenge, scavenge, scavenge; wash, cleanse and limewash; remove all putrid human refuse from privies and cesspits, and cesspools and dustbins; look to stables and cowsheds and pigsties; look to common lodging houses and crowded places, dirty houses and yards. 'Set your house in order' in ways sanitary and hygienic, according to the conditions of the place, and 'all will be well.'

"The real danger to be feared is in blaming somebody else and not our own selves for such an epidemic visitation. As a matter of fact, if the disease attacks our neighbors, we ourselves are already liable to it. To trust for protection to stopping intercourse would be just as rational as to try to sweep back an incoming flood instead of getting out of its way."

* *

Sometimes these quarantine regulations react on their promotor in an amusing manner. After leaving France and arriving at Geneva, Dr. Koch was not a little indignant to find that he had to be disinfected like the other passengers coming from France. He strongly objected to go through the unpleasant process of fumigation. "It is all nonsense to disinfect me," observed the illustrious German to the official on duty. "Nonsense or not," replied the latter, "you shall be fumigated like the rest," and the doctor was accordingly conducted to the disinfecting room.

* *

The cable gravely informs us that Miss Ellen Terry has been vaccinated. The dispatch reads thus:

LONDON, July 26, 1884.—The Lyceum Theater has come to grief from a curious cause. Miss Ellen Terry, becoming a victim of the small-pox scare, had herself vaccinated, and when the virus began to take effect continued to act the part of Viola with her left arm in a sling. Now the whole arm and hand are badly swollen and she has been compelled to cease acting. The result is that the theater is closed.

The illustrious beauty would do well to send for Dr. Compton Burnett, who could enlighten her as to the evils of vaccinosis. Evidently Miss Terry has been badly advised.

CORRESPONDENCE.

DR. GEO. W. WINTERBURN—

Dear Doctor: Will you allow me a little space for a talk with our young men.

First, are you conscientious believers in homœopathy? If not, you should be. And now, let me show where doubt begins, and where are doubters. It is not the practitioner who follows Hahnemann who doubts, nor is it he who is careful to find the true correspondence of the drug to the symptoms, in totality declared by morbid action; never, so far as we know, have such men been doubters. On the other hand, we find them among those who, for want of patience, time, or ability, fail to make a true homœopathic prescription. We find doubters among those who follow an eclecticism which allows of alternation in the use of remedies, failing to cover the case only in a very general way, rather than by the key-note and pathogenetic sign.

Now, what we want for the good of homœopathy and the good of mankind is, to fill our ranks with honest workers; capable and painstaking prescribers. We meet men almost every day who say, "when I have been able to select my remedy competently, I have seen usually good results; yes, perhaps always. But very little of my practice corresponds to the demands made for such thoroughness. Hence, I drop readily into routine."

This is precisely the difficulty—too little time has been spent on *Materia Medica*—in the work of differentiating between drug actions. We are unable to grasp our case, and deal justly by our patient.

If the example of some of our physicians who give sugar of milk till they are able to prescribe intelligently were adopted by all, no doubt but that homœopathy would soon take a very much higher rank. To those who are too indolent to study, who are only using the name of homœopathy for the purpose of filling

their purses, we say they have no place with us. Our cause is quite too badly cursed with such a following. And the quicker we unload the better. I know of men who advertise in our City Directory as patent medicine manufacturers, who still belong to the Homœopathic Society of the State of Michigan. O shade of Hahnemann, deliver us! Then our literature falls far below the standard demanded by true homœopathy. There is too much generalization, eclecticism, mongrelism, in what we publish under the name of homœopathy. We not only lose character with our opponents because of this, but we lose largely that which is distinctive and valuable. It is disintegrating and disorganizing.

To our young men we would say, be true to homœopathy and she will not disappoint you. You will grow stronger and stronger as you master more and more her laws, or the law, perhaps we should say. You may at first meet with difficulties in your analysis. Study Dunham's Lectures as a guide. Bonninghausen and Jahr, for obtaining the value of symptoms. Burt and Guernsey on Characteristics. Hahnemann on provings and posology. Raue, if you choose in pathology; but do not become a pathological prescriber. Disease finds its inception before morbid products are found. Study life phenomena in its psychological and vital expression under the morbid influence rather than the products of such life degradation, and yet pathology may serve to make a totality. Study the history and causes of morbid movements, temperaments, and every detail of development, and you should become efficient practitioners.

G. N. BRIGHAM.

LITERATURE.

Several important homœopathic publications have come to hand during the past month. The long expected American Homœopathic Dis-

pensatory is of this number and proves to be an imposing volume of some seven hundred pages.* A careful scrutiny of the body of the work shows that the author has worthily fulfilled the task set before him. No one who desires to prepare medicines according to the homœopathic formula will be befogged by the directions given here. Every thing is plain, orderly, judicious; while the typographical neatness of the work adds greatly to the pleasure and ease with which it may be consulted. In the chapter on general pharmacy, however, there is much that might have been omitted without detriment to the work as a homœopathic publication. The Turkish bath is hardly a pharmaceutical preparation, nor are Plummer's pills, P. B. S. powder, compound laxative powder, Hale's uterine injection, M. M. powder, Hale's nerve tonic, or elixir bromide of potassium, homœopathic medications.

Prof. Allen, of Ann Arbor, has laid us all under obligation to him by his masterly monograph on intermittent fevers. The first edition of this work sold rapidly and was highly approved by the profession; but the new edition, just now at hand, is so much superior to the former as to have the merit of a new work.† Unfortunately for the credit of our school, a large proportion of homœopathic physicians have imbibed the idea that intermittents are not amenable to the law of similars. They will not try to cure by close adhesion to the symptomatology of the case, and claim that their failure is the failure of the law. Prof. Allen is an earnest advocate of the power of homœopathy in the cure of this class of cases. If the law of similars is true at all, why should it fail here?

* *The American Homœopathic Dispensatory.* By Theo. D. Williams, M.D., 8vo, pp. 700. (Chicago: Gross & Delbridge.)

† *The Therapeutics of Intermittent Fever.* By H. C. Allen, M.D., 8vo, pp. 340. (Philadelphia: F. C. Boericke.)

Our experience is that it does not; that, if a case be properly studied, the curative remedy will be definitely indicated; and that, if this remedy be given in not too low a potency, it will speedily manifest its power. Persons so cured do not relapse. They seem to have acquired an insusceptibility to the disease, markedly in contrast with those who have been relieved by drugging.

Prof. Allen has compiled the special indications for one hundred and fifty remedies, with innumerable cross-references showing the relation between the different drugs. These comparisons are very valuable, and will enable any studious practitioner to select the proper remedy. The volume is handsomely printed and is a most welcome addition to our work-a-day library.

Dr. Ruddock's well-known *Vade Mecum*, *Diseases of Women*, *Diseases of Infants and Children*, and his *Essentials of Diet*, have been re-arranged and extended by Dr. Gross, of the *Chicago Medical Era*, and are now published in one handsome volume, under the title of *Ruddock's Family Doctor*.* These works have already benefited thousands upon thousands, and in the new dress in which they are now presented deserve, and can not fail to have, a large circulation. Too extended and technical, perhaps, for the hurried or careless layman who wants to find a cure-all for every disease, it will, nevertheless, be a welcomed addition to many a family library, and its study will enable any mother to ward off attacks of disease from her little ones, and thus save days and weeks of unnecessary anxiety and suffering.

Dr. Leonard, an enterprising Detroit physician, has issued a very convenient vest pocket book on auscultation, percussion, and urinalysis†

* *Ruddock's Family Doctor.* Edited by James E. Gross, M.D., 8vo, pp. 734. (Chicago: Gross & Delbridge.)

† *Auscultation, Percussion and Urinanalysis*

While brief in statement and concise in style, it is clear, lucid, and to the point; and supplies in a handy form the condensed text of authoritative writers.

Our genial and erudite contemporary, Dr. Compton Burnett, of London, always says his say in a very pleasing manner, and his latest utterance is no exception. This little brochure* is devoted to the value of Thuja in the treatment of obscure pathological states apparently resulting from vaccination. Dr. Burnett believes that vaccination sets up a diseased state which he calls vaccinosis; that this condition may be cured by homœopathic medication; and that Thuja is usually the indicated remedy. We quite agree with the author, both as to the origin of many obscure chronic cases, and, also, as to the value of Thuja as a remedy. In another portion of this journal we give a number of his cases here detailed and hope in a future number of the HOMŒOPATH to corroborate these with some experiences of our own.

ITEMS.

"Death owing to visitation of Providence under suspicious circumstances," is a coroner's verdict in Munster.

APROPOS OF COLLECTING DOCTOR'S ACCOUNTS.—"I wouldn't mind it so much", said the gilded youth, "if he'd bring a different bill occasionally. But I'm bored to death with seeing the same old bill."—[Boston Post.

Cholera, its Prevention and Treatment, by D. M. Rây, M.D., Calcutta, with an introductory by T. F. Allen, M.D., New York, is a timely and valuable work just issued by the A. L. Chatterton Pub. Co., New York. Price \$1. Post paid.

An Epitome of the Physical Signs of the Heart, Lung, Liver, Kidney and Spleen in Health and Disease. Edited by C. Henri Leonard, A.M., M.D. 16mo, pp. 166. (Detroit: Illust. Med. Jour. Co.)

* *Vaccinosis and its Cure, by Thuja*; with Remarks on Homœoprophylaxis. By J. Compton Burnett, M.D. 12mo, pp. 129. (London: Homœopathic Publishing Co.)

I have found Phillips's combination of Cod Liver Oil and Wheat Phosphates the most efficacious and most readily taken where oil is indicated.—Ex.

The newest gynæcological dodge is marriage as a substitute for Battey's operation. We should think almost any woman would prefer the former if she was given a half decent chance.

EATON, N. Y.

I have been prescribing *Lactopeptine* something more than a year in all cases of digestive diseases and *Cholera Infantum*, and in the last named trouble it has proved of inestimable value. E. L. MILLER, M.D.

Vin Mariani, a Bordeaux wine saturated with coca leaves, has an eminent medical reputation in France, and is used not only there, but also among homœopaths in America whenever a quickly diffusible stimulant is thought desirable.

Dr. Eustace Smith, of London, physician to the Children's Hospital, and author of "Wasting Diseases of Infants and Children," says: "Mellin's Food is by far the best of any with which I am acquainted. It seems to agree equally well with children whether they are healthy or diseased."

It will interest our readers to hear that the well known house of Fairchild Bros. & Foster have given up their wholesale and retail drug business to devote themselves exclusively to the preparation and sale of their specialties—their Digestive Ferments. They have established a branch house in London, and have met with very flattering success. Their new address is 82 Fulton street, New York city.

I wish to say a word regarding a preparation called listerine, which has answered my expectations, as vulnerary, in some instances better than carbolic acid, and, in others equally as well as calendula. The substance is composed of thyme, eucalyptus, baptisia, gaultheria, and mentha arvensis, benzo-boracic acid. I have never used it internally, but have employed it quite extensively in general and hospital practice, as a safe and most agreeable disinfectant and healer.

"In those forms of neuralgia and rheumatism of a malarial origin and most seem to be such, have been highly gratified by the action of Tongaline in conjunction with quinine, the therapeutic properties of both seeming to be accentuated under these circumstances.

"With each dose of Tongaline I prescribe two to five grains of quinine, according to the severity of the case and the susceptibility of the latter. Thus far have not experienced a single failure."—Extract from July No. '84 *Medical Brief*, p. 323.

THE AMERICAN HOMŒOPATH.

NEW YORK, SEPT., 1884.

SENEGÁ.

BY

E. A. FARRINGTON, M. D., Philadelphia, Pa.

The dried root of *Polygala Senega* contains, among other constituents, volatile oil, polygalic acid, and a glucoside identical with saponin.

To the old-school practitioner *Senega* is a stimulant to the mucous membranes, especially to that of the bronchi. He employs it to promote expectoration when there are present a sense of tightness of the chest, oppression, and dry, irritating cough.

The homœopathician, however, is more precise in his employment of the drug, and extends its sphere of usefulness beyond that of a mere expectorant.

In general, he selects *Senega* for fat children, for the phlegmatic, who re-act slowly and imperfectly after catching a cold, and for aged persons.

Knowing the constituents of the agent, he expects to find debility, confusion and heaviness with beating in the head; weak legs, trembling and faintness when walking—symptoms apparently like the effects of saponin. Characteristic in this connection is the fact that these symptoms seem to accompany the chest ailments or to originate in the chest.

The patient may have what we vaguely call weak eyes. But in a genuine *Senega* case, there are present paretic and catarrhal symptoms: paresis of the left oculo-motor nerve, paralysis of the superior rectus, can see clearly only by bending head backwards; eyes tremble and water when he looks intently or reads; flickering of sight, must wipe the eyes, though this aggravates; smarting of the conjunctivæ as from soap; cilia full of hardened secretions.

When catarrh affects the bladder, the urine is dark colored, diminished in quantity, and foams when shaken;

there is urging and scalding before and after micturition, the urine contains mucous shreds, and, on cooling, becomes thick and cloudy.

But it is especially in catarrh of the air-passages that *Senega* is indicated. We have seen that the debility accompanies chest affections, and the same is true of the cystic symptoms.

The remedy is effective in the beginning of a cold, when the cough ends in a sneeze; mouth and throat feel dry, with scraping and roughness; throat so dry it hurts one to talk; hoarseness; soreness in the walls of the chest.

Later, tenacious phlegm collects in throat and trachea, causing hawking and coughing. The cough is irritating, shaking the whole body; every attempt to walk briskly renews the paroxysms. But most important of all, in the late stages of a cold, are symptoms referred to the walls of the chest. Sneezing, coughing, or any other jarring of the body, causes a feeling of soreness, either of diffused soreness or of soreness in spots.

If, now, we compare *Senega* with analogous remedies, we find that it presents points of resemblance to *Quillaia*, *Saponaria*, *Gelsemium*, *Scilla*, *Asparagus*, *Calc. carb.*, *Hepar*, *Cubebs*, *Copaiva*. We will refer only to two or three of these.

Quillaia owes its virtues to saponine, a glucoside found also in *Senega*. It is effective in a common cold contracted in warm, relaxing weather. There are coryza, sore throat, sneezing, dull headache, and sore, aching, tired feelings all over the body—in fact the symptoms of the beginning of a cold. Probably *Senega* will follow *Quillaia* when the cold travels down on the chest.

Asparagus vies with *Senega* in the bronchial catarrh of the aged. Both have tenacious mucus, cough; and, frequently, accompanying cystic catarrh. The first has a troublesome,

teasing, cough that causes gagging ; urine turbid, strangury ; urine has an offensive odor. Tendency to gravel, especially in old persons who have a weak, feeble pulse. The second has more a shaking, irritating cough, much mucus on the chest ; urine turbid, etc.

Cubebs and Copaiva, like Senega, cause foaming urine ; but otherwise are not very similar.

MATERIA MEDICA REVISION.

BY

GEORGE M. OCKFORD, M. D.,

Revere, Mass.

No part of the proceedings of the last session of the American Institute of Homœopathy has been given greater prominence than the proposed materia medica revision. The unanimity with which the proposition was accepted gave evidence of the demand for such a procedure. The plan of revision proposed is quite good, and the only point we would find fault with is the treatment of high potency provings. Rule tenth of the proposed plan will virtually exclude the most important provings of high attenuations, provings which are in the minds of many just as reliable as those of crude drugs or low attenuations. This section says that the committee will "include symptoms reported as coming from attenuations above the twelfth decimal, only when in accord with symptoms from attenuations below." The effect of this rule will be to throw out nearly all provings of potentized drugs, for in scarcely any instance can we get symptoms from the thirtieth attenuation that will accord with those of the third or first. The richness of some of our drugs, as for instance *sepia* or *lycopodium*, increases as we ascend the scale. The provings of low attenuations of either of these drugs are almost negative of results, but provings of high attenuations produce a mine of reliable therapeutic guides. Of course, we do not expect the

authors of rule tenth to accept these symptoms, because they throw the shadow of doubt about all attenuations above the twelfth decimal. The symptoms of the lower attenuations are in their minds absolute, while those from the higher are only "reported." If these latter accord with those derived from a proving of the crude material or low attenuation, they represent drug action. If they happen to differ, then it is merely the result of the prover's imagination, and of no account. But why draw the line at the twelfth attenuation? It will be almost impossible to harmonize the mass of symptoms which may be gathered from provings of the various preparations ranging from the crude drug to the standard attenuation. Several variety of effects may be produced by the crude material, the symptoms differing according to the quantity administered. Quinine in small doses produces nervous excitation, but in large doses it produces nervous depression and has a hypnotic effect. We are all familiar with the effects of the ordinarily administered dose of castor-oil, with its loose diarrhœic discharges, etc. The first attenuation produces an opposite effect, namely that of constipation. To test this point, I gave a young man in good health a half dozen powders of the first centesimal attenuation of castor-oil, without telling him what they were, and asking him to note their effect after taking one daily. I saw him a week after, and on asking about the powders he said, "I didn't observe anything special ; but," he continued, "I don't think I was in a very good condition for them to work on me, as for the past four or five days I have been *terribly constipated*." This constipation was the result of the castor-oil administered, as it was an unusual condition of the prover, and contrary to his usual habits. This same diversity of action runs through nearly all drugs, if not all. Any one who will carefully analyze the provings of low and high attenuations must be struck

by their dissimilarity, the only point in common with them being the fact that all the symptoms have their origin through the same portions of the body. Belladonna in any preparation exhibits its drug power through the brain and nervous system. The main action of gelsemium is upon the motor nerves, etc. Now, if to be in accord, the symptoms derived from provings of the higher attenuations, must be similar to those produced by the lower, then the high potencies will be declared of non-effect. If, on the other hand, the symptoms are measured by their physiological relation, then, although different from those of the lower preparations, the symptoms "reported" as coming from the attenuations above the 12th decimal must be included in the revised *materia medica*. Comparing the symptoms of crude drugs and low attenuations with those of the higher will develop the fact that prominently among the effects of crude drugs we get the violent primary symptoms, with a milder secondary action. It will also be seen that in the effect of attenuations, these same secondary effects are prominent with an entire absence of the violent primary effects. If our revising committee would collate the numerous symptoms verified by clinical experience they would confer a lasting benefit upon the profession, but any attempt to discard the symptoms known to have followed the proving of high attenuations because they do not accord with those of the lower is virtually denying the drug power of those preparations, which no one who has tested them can do.

CONGENITAL HERNIA.

BY

CLARENCE M. CONANT, M. D.,

Middletown, N. Y.

Read before the Orange County Homœopathic Medical Society, July 8, 1884.

By congenital hernia we understand a rupture occurring soon after birth. Observation has fully per-

sueded us that such ruptures can be cured invariably by the proper homœopathic treatment, combined with such restraint applied in accordance with sound mechanical principles as shall prevent a recurrence of the hernial protrusion. We believe that a hernia is not a mere mechanical incident or accident; but rather an absolute morbid manifestation. We base this conclusion upon the following premises, which can easily be demonstrated to be facts by the testimony of hundreds of observers.

The history of a great majority of congenital hernias will show that the child has been restless, uneasy, prone to cry much for some time, be it more or less; and it is often supposed to suffer from colic and is dosed accordingly with catnip, peppermint, aniseed, whisky, cordials, and the like. Very often the mother or nurse will ask, "What makes this child lie and strain and grunt so?" All these symptoms point to a morbid irritation in the abdominal cavity, and often mark an undue activity and effort on the part of its contents to effect a protrusion from whatever outlet is guarded with the least solidity and security. Suddenly the child is brought to the physician, and a hernial protrusion is discovered at or above the umbilicus, in the groin, or filling the scrotum. Now let an unwisely adjusted force be applied to the rupture, whether it be returned to the abdominal cavity or not, and you have all the elements of prolonged and serious mischief. The gut will escape and be nipped by the truss, and bad is made worse. Frequently the child is seriously chafed. And that the evil is not assailed at its very seat, as it should be, is evinced by the fact that the child is just as cross and restless as ever; just as full of strainings and pain. But suppose even a truss, made on and applied on sound scientific principles, is the result any better? Not invariably, by any means; sometimes it is, but very many times it is not. Now we believe the reason of failure

lies in the fact that the morbid abdominal disturbance to which we have alluded, which sends the intestines seeking and pressing at every natural door of escape, has not been quieted. In fact it is rather increased by the firm unyielding pressure which has closed the open door and compelled the viscera to remain in their natural place. They do it perforce, and their unwilling acquiescence is shown by an unceasing counter-pressure at the hernial orifice.

The believer that drugs in small doses act on the human body as a whole, and on special parts of it in particular, when needed at any special point, now has an opportunity to show a reason for the faith which is in him. A thirtieth or two hundredth dilution of a drug indicated by its symptoms will quiet the abdominal storm, the rupture will readily remain in place and will soon cease to protrude; in short the patient will be cured.

The subjoined cases illustrative of the above position are reported, not as special hits or isolated cases but simply as specimens of a goodly number of the kind recorded upon the author's books.

Mrs. B. had a female infant about a month old. She reported that the child had colic constantly. Cham., Coloc., Nux and Jalap were unavailingly exhibited. Finally word came that the child's whole bowels were bloated and especially about the navel, the navel sore and raw and the child gradually wasting away. The mother sent word that the swelling at the navel she thought was a rupture. Nux moschata 30 was given three times a day. The pains ceased after the second dose, the abdominal swelling gradually subsided, the umbilicus healed, the rupture retired into the abdomen during the second week, and in a few weeks the child changed from a puny marasmus to a robust vitality. In this case a small bag of granulated charcoal was put over the umbilicus and secured by

the band. No other truss was used or needed. Nor was any other application made to the ulcerated umbilicus.

Mrs. S. had a fine large boy about two months old. Only he cried about all the time—"colic," laconically pronounced that inspired diagnostician, the nurse. In vain were little pills sent after that colic. It was of no use. At last the father said: "I noticed the child strained a great deal even when the bowels were not moving." We suspected a hernia, and demanded to see the child. As the mother exposed him, she said, "I see his privates are swollen this morning." Sure enough a direct inguinal filled and distended the right half of the scrotum. A half hour of patient coaxing failed to reduce the hernia. But the mother was carefully instructed how to fold a soft handkerchief in a pad and put it inside the diaper so as to make a gentle and continuous pressure against the rupture. Aurum met. 200, was given twice a day. A week later the father appeared at my office and inquired if I thought the child needed any further treatment, as the swelling had gone entirely, and the child was perfectly good natured and apparently well.

A word as to practical diagnosis between hernia and hydrocele. This latter is quite as common as the former. We regard the light test as the best, and apply it in the following manner: The little patient lying upon the nurse's lap, stand at the head beside the latter. Now holding a short piece of a lighted candle in your right hand, raise the swollen scrotum with the two first fingers of the left hand, expanded so as to form the letter V. You may now advance the light towards the swelling, assured that the heat will be felt by your fingers in time to prevent scorching the patient. While at the same time the expanded fingers will hold the scrotum like a rack and allow any translucency to be fully visible.

BELLADONNA IN ERYSIPELATOUS SORE-THROAT.

BY

THOMAS NICHOL, M.D., LL.D., B.C.L.,
Montreal, Canada.

J. D., a stout, active gentleman, recently from England, was taken ill on June 3, 1882. After several hours of uncomfortable feelings, indefinite but real, he was attacked with aching in the limbs, a bruised feeling with extreme weakness, and loss of appetite. This was followed by shivering, which was soon replaced by heat of the skin with frequent pulse and soreness of the throat. When I saw him, two days later, his state was as follows: round the nostrils and on the dorsum of the nose the skin was red and angry, and all the neighboring parts were swollen. The glands of the neck were so enormously swollen that the patient could hardly open his mouth, and the swelling extended down the neck. On examining the throat, it was found to be of a dark cherry color, shining as if varnished. It was greatly swollen, especially in the region of the tonsils, and the dark cherry redness extended over the entire throat. The breathing was embarrassed and swallowing was difficult. The throat was painful, with burning heat and dryness, and the sharp, shooting pain was aggravated by breathing and swallowing. The tongue was thickly covered with a yellowish coating and its papillæ were greatly swollen and of a deep red color. Fever was considerable, especially at night; the pulse was full and bounding. Appetite was very deficient, the thirst extreme, the weakness great. I prescribed *Belladonna*, 3rd decimal trituration, a powder in six teaspoonfuls of water, a teaspoonful every hour.

Next morning, June 6, I found the fever much abated, the skin cool and clammy, the pulse full and slow. Abundant warm perspiration had appeared during the night. The erysipelas round the nose was paler and the swelling was diminished. The

cervical glands were smaller and less painful, but the effusion around them was, if anything, increased. The throat was less fiery in its redness, the swelling notably diminished, respiration quite unembarrassed, swallowing much improved, while the pain had entirely disappeared. The tongue was still foul and coated, but it had begun to clean around the edges. Appetite was a little better, as thirst was less urgent. The patient felt very weak and prostrate.

On the morning of June 7, there was again amendment along the whole line, and, after keeping an eye on him for a couple of days longer, the patient was dismissed on June 9.

Concerning the diagnosis of this disease, Dr. Morell Mackenzie writes as follows: "The diagnosis of erysipelas of the pharynx and tongue cannot but remain doubtful, except where it is accompanied by manifestations on the skin. Indisputable as is the occurrence of erysipelas as an exanthem, there are no pathognomonic signs by which the disease can be recognized when confined to the mucous tracts." I incline to think, however, that the peculiar varnished appearance of the mucous membrane is not seen except in erysipelas of the throat.

SUMMER DIARRHŒA, ENGLISH, SPORADIC, OR BILIOUS CHOLERA.

BY

DWARKA NATH RAY, M.D., L.S.A., (Lond.),
Calcutta.

Etiology.—Summer diarrhœa, some call it English, sporadic, or bilious cholera. It is undoubtedly true that this form of diarrhœa prevails in cold climates during the warm months of the year. In the northern part of Europe and America many such cases are met with in every summer and autumn. Why is it so? There must be some reasons for its being more prevalent during these seasons. Is it the heat that alone acts in producing this form of diarrhœa? No; for the diarrhœa in tropical climates is not

due to heat alone, nor is it more prevalent during the hottest months. Let us consider what produces this sort of flux in warm weather in cold climates. The prime factors, I believe, are *checked perspiration* and *certain conditions of the atmosphere*. As regards checked perspiration Trousseau says: "If excessive sweating and intestinal flux show themselves simultaneously, the latter is in general only supplementary to the cutaneous secretion. Let me explain. You are acquainted with that sort of compensation which exists between the functions of the skin and mucous membrane, particularly the intestinal, bronchial, and urinary mucous membranes. You know that their secretions are destined, besides accomplishing other uses, to modify the composition of the blood by removing from it effete matters useless for the maintenance of life; there can be no change in either without a disturbance of their equilibrium. Hence is it that an increase or diminution in the action of one or other of these secreting organs will occasion a diminution or an increase in the action of the other. Nowhere is this antagonism of secretions so conspicuously manifested as between the skin and intestinal surface. You will now be able to understand why such a disturbance of the functions of the skin as prevents the secretion of sweat will often induce too profuse a secretion from the intestine. This is the explanation of attacks of diarrhœa supervening upon chills and suppressed perspiration.

The sudden variations of temperature very often take place during the warm months in cold climates and during the cold months in hot climates. Sometimes the thermometer indicates high temperature, at others low. This alternation of heat and cold or damp exercises a great influence in the production of summer diarrhœa. Besides the ranges of thermometer, people are exposed to cold and heat in various ways; standing in damp places when the legs and

loin become damped and chilled; sitting on the ground or sleeping in an open place or out doors; injudiciously taking a bath when overheated; changing undergarments, and so forth, will invariably act as predisposing or exciting causes. It is also true that during the summer months the atmosphere is contaminated with vegetable and animal germs and numerous inorganic impurities, which probably will induce this form of diarrhœa, acting as a predisposing or exciting cause. Unfavorable hygienic conditions, as living in ill-ventilated, damp and filthy dwellings, or crowded quarters of cities and towns, and especially the error of diet, will produce this form of diarrhœa as a direct excitant.

The nature of the disease is more severe than all the other ordinary varieties of diarrhœa, and its onset is very sudden. Like cholera, there is copious vomiting and purging. The vomited matter is profuse and bilious, and leaves a bitter taste in the mouth and a burning sensation in the œsophagus; the tongue feels dry, and there is more or less thirst; there is nausea, sometimes loud-sounding eructation, giddiness and vertigo; in rare instances, severe headache. The stools are very copious, liquid, watery, containing sometimes undigested materials, and almost always loaded with bile and of green, yellow, or brown color. The abundance of bile in the fœcal matter distinguishes summer diarrhœa from cholera, and also the absence of rice-water evacuations, which are the characteristic of true cholera. The patient very rapidly becomes exhausted, the voice becomes feeble, the heart begins to beat slowly, the pulse becomes weak, slow, small, and compressible; the temperature of the body goes down; the external surface feels cold and clammy; sometimes moist perspiration covers the whole body; there is griping or colicky pains in the abdomen; the number of stools becomes frequent; the urine continues to flow more or less, but very seldom quite

suppressed; severe frequent cramps in the muscles of the abdomen and extremities are very common; in fact, all the symptoms resemble very much those of true cholera, except they are not so severe. In severe cases, patients sink rapidly, and the symptoms of collapse supervene, and they die within two or three days. In such cases it is hard to distinguish this form of diarrhœa from true cholera, especially if they occur within the endemic area of cholera (Bengal). But if the attack be mild, the patient generally survives after a longer or shorter duration. Mild diarrhœas of bilious character are often met with during the summer months in cold climates. In my dispensary practice here in New York, I had several such cases. The patients come with an idea that they have got summer diarrhœa, while, in fact, they have ordinary diarrhœa; and in some cases I have noticed they get diarrhœa during warm months periodically in every summer. This must not be mistaken for real summer diarrhœa. Prognosis in cases of summer diarrhœa is unfavorable. The mortality is very uncertain, some years more than others; but, as a whole, the percentage of death from diarrhœa during the warm months is five times as great as that of the rest of the year. The greatest rate of death is in July and August.

THE BACILLUS OF TUBERCULOSIS.

BY

PROF. J. M. SCHLEY, M.D.,

New York.

A subject that interests the *whole* medical profession without exception has within the past year taken up much of the space in our journals, and monographs have been written on it, *i. e.*, tuberculosis and its relation to the bacillus of Koch. No one disease has so much of interest to the general practitioner and demonstrator of physical diagnosis. Whether the bacillus is the cause of phthisis or whether it is simply a result or a part

of the histological element that completes the picture is still undecided. However this may be, sufficient experimentation on rodents and clinical demonstration are rapidly proving that it is important for us to detect the bacillus in doubtful cases of lung disease.

Dr. Watson Cheyne, of King's College Hospital, after a visit to Prof. Toussaint, of Toulouse, and Koch, at Berlin, sums up some of his experience on this subject. Thus, when the tubercle bacilli reach the alveolus of a lung which is in a suitable condition for their growth, they develop in the epithelial cells lining the alveolus. This alveolus becomes filled with cells, neighboring alveoli become affected, and the same process goes on in them. The further result will depend on the number and rapidity of growth of the bacilli, and on whether the patient is a good soil for their development. If they develop well we have caseous pneumonia; if they grow slowly and with difficulty we have fibroid phthisis. In the former case the alveoli become early distended with epithelioid cells, inflammation of the walls of the alveoli ensues, the epithelioid cells soon undergo caseous degeneration, and the presence of the masses leads to atrophy or sloughing of the walls of the alveoli. Infection of neighboring parts of the lungs occurs by continuity, and also by partial coughing up and re-inhalation of the bacilli into other parts of the lung. In this rapid phthisis, fibrous formation around the alveoli only takes place imperfectly, and the lung rapidly breaks down. In the case of fibroid phthisis the bacilli are few, and grow only with difficulty. Thus fibrous formation occurs extensively and giant cells are entangled in the fibrous tissue. In parts, however, the process may be more rapid, and then cheesy masses are formed, which may lead to the breaking down of the lungs and the formation of cavities. It is pointed out that on this view we have one explanation of the rarity of acute tuberculosis in connection with

phthisis, and of the presence of bacilli in sputum, even before physical signs are marked, while it is shown that this view is directly corroborated by the results obtained by Tappeiner in his inhalation experiments. Against the statement that phthisis is due to the tubercle bacilli, might be urged the fact that the bacilli found in the lung after death are often very few in number. Among other facts brought forward with regard to this question, it is stated that extensive tuberculous processes may be found in animals containing only few bacilli, and that in cases where bacilli alone were inoculated, and where it is certain that the bacilli was the only agent at work. With regard to the production of phthisis by the inhalation of dust of various kinds, it is pointed out that the foreign particles inhaled probably only prepare the lung for the reception of the bacilli; for in these cases also bacilli are found later. It has often been urged that the milk of tuberculous cows is infective. This may be the case when the mammary glands become tuberculous, and the mode in which the bacilli might get into the milk was well illustrated by the appearance found in a tuberculous kidney. There not only were bacilli present in the tuberculous mass, but they were also found in large numbers in the epithelium of the kidney tubules and in the interior of these tubules, both in the vicinity of the mass and at some distance from it. The author has not yet investigated the subject of tuberculosis of the kidney, but from what he has seen he thinks it possible that the epithelium of the tubules is the favorite seat of the bacilli in the kidney, just as the alveolar epithelium is in the lung. In that case bacilli would be present in the urine, not merely when there were marked tuberculous masses in the kidney, but also where the disease was but slightly advanced. From analogy it is probable that the same is the case in the mammary glands, and bacilli might be present in the milk, even though the disease of the

gland was not sufficiently advanced to be noticeable.

RECENT ADVANCES IN SURGERY.

BY

SIDNEY F. WILCOX, M.D.,

New York.

ULCER OF RECTUM.—Dr. F. W. Smith in an article in the *Med. Record*, Sept. 1, 1883, says that he has had much better success in the treatment of ulcers and fissure of the rectum "by moderately stretching the sphincter from time to time at intervals of three or four days, in connection with some local application, than by either the operation of forcible dilatation or incision, and the former method has the advantage of being less formidable to the patient."

ULCER.—Probably nothing gives the surgeon more trouble in the treatment than an old ulcer, and a very unique plan of treatment is described by Dr. William Penny, of Galveston, Tex., in the *Phil. Med. News* of May 12, 1883. The treatment is based upon the curative effects of the mechanical contraction of the area of the ulcer. This is accomplished by placing strips of adhesive plaster so that their ends converge about the edge of the sore. To these converging ends are attached metallic hooks, and the corresponding hooks on the opposite sides are connected with rubber bands. Thus a continuous traction is kept up toward the middle of the sore. As to the results, the doctor says: "The continuous traction and moderate compression exerted by this dressing relieves the ulcer of its hyperæmic condition; its thickened edges soften down, the excavation fills rapidly, and the remaining cicatrix is small and remarkably flexible."

He has used this dressing in a large number of cases, "including varicose ulcers of the leg; syphilitic ulcers of the scalp, leg, body, etc., some of large size, with most satisfactory results." It is also a good way of closing wounds which gaped badly.

KNEE JOINT RESECTION.—In the *British Medical Journal* of Oct. 20, 1883, is a reported lecture by Mr. Richard Davy, of the Westminster Hospital, London, on "Tibio-femoral Impaction: A new method of resection of the knee joint." He says that it is most important in this operation to secure fixity of tenure from the first. This is done by cutting a portion from the lower end of the femur, leaving it wedge-shaped.

In the top of the tibia is cut a mortise, and into this is forced the wedge-shaped lower portion of the femur by pressure on the foot until the desired amount of impaction is obtained. The advantage of this method is the absolute immobility of the part from the moment the operation is completed because in, so many cases the parts are displaced by some motion of the patient or spasm of the muscle after the dressing has been applied. In one case which he reports where he made the new operation, the patient had convulsions for twenty-four hours. In cases where, of course, such an accident would not be anticipated, the tibio-femoral impaction would greatly lessen the danger of displacement. The *Med. News* says the operation is applicable to ununited fractures.—(Editorial, Nov. 24, 1883.)

LITHOPHONE.—In the *Lancet*, July 1, 1882 and Nov. 3, 1883, J. M. Davidson describes an instrument which he calls the "lithophone." The improved instrument, which is described in the last article, is made by taking a piece of india rubber tubing twenty six to thirty inches long, and with a bore of $\frac{3}{16}$ of an inch and folding it upon itself at one end. "This end of the tube is held firmly against the handle of the sound; the long part of the tube, which must lie next to the handle, going to the ear of the operator. To carry out the plan more conveniently, the author has had a sound made with a hollow cylindrical handle, resembling that of a Thompson's searcher. The handle is two

inches and a quarter long and half an inch in diameter. It is open at the proximal extremity to admit the folded end of the rubber tubing. The aural extremity may be fitted with an ear-piece like that of the otoscope. A binaural instrument may be constructed by taking a piece of tubing of unusual length (four and a half to five feet), folding it in the middle, and thrusting the loop into the tubular handle of the sound. Instead of folding its end, the tubing may be provided with an egg-shaped bulb which is squeezed into the handle of the searcher. Thus, exploration of the bladder may be conducted by a combination of the senses of touch and hearing. A particle of sand, weighing less than $\frac{1}{500}$ of a grain, lying on cotton wool, was detected with the lithophone. For ordinary use the instrument is, of course, not required, but in difficult and obscure cases it may be indispensable. The author gives a case where the instrument detected a calculus after a search with the ordinary sound had proved unsuccessful.—*Year Book Surgery*, 1883, p. 149.

ANTISEPTIC SURGERY.—In regard to antiseptics, corrosive sublimate seems to be coming rapidly into popular favor and superseding the other so-called antiseptics and disinfectants. The irritating effects of carbolic acid, its strong and to many disagreeable odor, and its comparatively low disinfecting power, are causing it to give way to the more powerful and less objectionable antiseptic. Iodoform is objectionable on account of its odor, and its power as an antiseptic is not very great, although one must admit its efficacy in the healing of wounds and ulcers.

A combination of antiseptic substances known as Lestertine, manufactured by Lambert & Co., of St. Louis, has been well spoken of. I have not had much personal experience in its use in treatment of wounds, but during the past winter I have found it to be the best substance for removing the odor from one's hands

after working in the dissecting room. In this respect I have found it far superior to permanganate of potash, carbolic acid or any other substance I have ever tried, for it entirely removes the cadaverous odor and does not irritate the skin, while its odor is pleasant. In the cases where I have been able to observe the effects of the corrosive sublimate dressing, I noticed that the pus discharged from the wound was darker in color but much less in quantity, and with much less odor than where wounds were dressed by the old methods. It has also been used as an antiseptic injection in obstetric cases, and Dr. McElroy, of this city, reports (*Therapeutic Gazette*, April 1884, p. 158) a case of severe salivation following its use in such a case (the strength of his solution, 1-2,000.) It is probable that within a year or so we shall hear of additional cases which may modify our views in regard to its use.

BORACIC ACID.—It is well to use caution in the external application of powdered boracic acid in the treatment of extensively wounded surfaces, as a case of fatal poisoning from its use is reported by Dr. L. D. Brose, of Evansville, Ind., in the *Medical News* of August 25, 1883.

BISMUTH DRESSING.—At the twelfth congress of the German Surgical Society held in Berlin last year, Dr. Redel, of Aix-la-Chapelle, presented a paper on the results of the bismuth treatment of wounds in the hospital of that city.

The bismuth was found useful in suppurating as well as in fresh wounds. He says that the most beneficial action seems to reside in its dryness and tendency to repress secretion, whereby primary adhesion of the wounded surface was prompted and septic infection avoided. In the discussion, Von Langenbeck spoke highly of the dressing. He closed the wound at once by suture, inserted a drainage tube which was withdrawn by the second day at the furthest. The results had been beyond expect-

tation. One surgeon had seen severe stomatitis arise from its use, but the others had seen no bad effects, and Dr. Hahn had noticed its good effects in stopping hemorrhage.—*Medical Record*.

SPONGE DRESSING.—Dr. George McClellan, of Philadelphia, in an article published in the *Medical News* of August 4, 1883, recommends sponge dressing in joint amputations. He straps a large soft sponge, wet with a solution of carbolic acid, 1 to 40, over the stump. No outside dressing is used. The dressing is changed daily, two sponges being used alternately. The advantages are, the highly absorbing qualities of the sponge and the equable compression which can be made upon the deep as well as the superficial structures.

RECTAL ANÆSTHESIA.—The newest thing in anæsthetizing is the administration of ether by the rectal method. This method was originated by Dr. Axel Yversen, a Danish physician, and further developed by M. Daniel Mollier, of Lyons, who described it in the *Lyon Medical*.

An editorial on the subject in the *Medical Record*, April 26, 1884, called forth a number of letters showing that New York surgeons, with characteristic American promptness, had taken up the new idea and put it to the test.

The apparatus usually employed is very simple, and consists simply of a slender graduate holding six or eight ounces. To this is fitted a rubber cork or tube about eighteen inches in length, to which is attached the vaginal tube of a Davidson's syringe. A small quantity of ether is placed in the graduate which is set into a bowl of hot water at a temperature of 120° Fahr. The tube is introduced into the rectum. The heat of the water causes the ether to boil violently and the vapor passes through the tube into the rectum. M. Mollier claims for his method that it suppresses the period of excitation; it permits one

to regulate the dosage very exactly; it reduces to a minimum the amount of ether needed; it allows the surgeon opportunity to operate upon the face, and is a more agreeable method to those patients to whom the odor of ether is nauseating and objectionable. These claims, however, have not been borne out by the experience of American surgeons.

From sixteen cases which I have looked over, and which the inhaler was not used to assist in producing the anæsthesia, I find the average time required to produce a state of complete anæsthesia was $14\frac{3}{4}$ minutes. The average time the ether was continued was 30 minutes, and the average amount of ether consumed was $\frac{3}{4}$ iii. This shows that the average amount of ether used as compared with the amount used in inhalation is much less. I also notice that the amount of ether is not increased in proportion to the length of time the anæsthesia is kept up. This is probably because a large quantity of ether vapor is stored up in the distended bowel until absorbed, and not dissipated into the air as in the method of inhalation. But the time required for producing a state of complete anæsthesia was very variable, as were also the amounts required by different patients.

The longest time required to produce this state was 32 minutes, the shortest 6 minutes. The smallest quantity of ether required was $\frac{3}{4}$ i. and in this case the administration lasted 25 minutes.—*Med. Rec.*, May 3. (Hunter's Case.)

M. Moillier's assertion that the period of excitation was suppressed did not prove entirely true. One of Dr. Bull's patients jumped off the table, and ten minutes elapsed before the tube was again introduced.—*Med. Record*, May 3, 1884.

American surgeons have not found it so easy to regulate the dosage, as there seems to be no way of relieving the bowels of the surplus vapor when the patient's breathing becomes stertorous and the face cyanotic. It cer-

tainly does allow a surgeon to operate more easily about the face and mouth, especially when the cautery is used. It does not prevent nausea and vomiting, as a number of the reported cases vomited freely. Neither are the patients free from the odor and taste of ether, although they are not subjected to the painful smothering sensation which accompanies inhalation. Usually in from 4 to 6 minutes after introduction of the tube into the rectum, the patient tasted the ether and the odor was perceptible in the breath.

The worst feature of this method is the diarrhœa which has been caused in a number of cases. Frequently the diarrhœa was bloody. One of Dr. Weir's cases died from this diarrhœa within 24 hours, and one of Dr. Bull's cases was very much collapsed afterward.

In closing this paper, it cannot be but fitting that I should notice briefly the departure of three great American surgeons. The names of J. Marion Sims, Willard Parker, and Samuel D. Gross are known to the whole civilized world, and it is probable that in all this vast country no other trio of surgeons could be selected who have accomplished so much in promoting the advancement of American surgery and rendering it famous. We meet here as a society of homœopathic physicians, following as a guide a principle which they did not recognize, and which they opposed. But national pride is above that of sect; the recognition of greatness is nobler than quarreling over a dogma. To-night we meet on ground common to all schools of medicine, and as surgeons these men had no peers.

Therefore, with the whole profession, we unite in adding our tribute of recognition to their genius, and sorrow for their loss.

All consumptives can be cured in the first stage, excepting that class of people who, like July apples, are destined to decay before the winter of life sets in.

AMERICAN INSTITUTE OF HOMŒOPATHY.

DIRECTORS OF PROVINGS.

To the Homœopathic Physicians of America :

At the regular meeting of the American Institute of Homœopathy, held at Deer Park, Md., in June, 1884, upon motion of Dr. Lewis Sherman, of Wisconsin, the following resolution was adopted :

"The president shall appoint a committee of seven members, to be entitled the Directors of Provings, whose duty it shall be to formulate and to publish rules for the conducting of drug-provings, and to pass judgment upon such unpublished provings as shall be submitted to them with reference to their reliability and fitness for publication."

As the result of this motion and of the instructions of the American Institute of Homœopathy, the board of Directors of Provings, fully aware that the success of their work depends upon the hearty co-operation of the members of the profession and upon their willingness to perform a portion of a work, which is alike important to the sick and to medical science, feel justified in directly appealing to the zeal and loyalty of American homœopathic physicians to take an active part in the prosecution of the work now proposed by the national organization.

At a special session of the board of directors, held Aug. 6, 1884, at the Grand Pacific Hotel, Chicago, a majority of the board being present, it was decided to arrange the work of the board as follows :

I. To institute experiments which shall demonstrate the *consecutive* action of *single, attenuated doses*, showing the consecutive development of the symptoms of the drug-disease produced by the single dose.

II. To institute experiments with *single medicinal, or material*, doses of drugs, to ascertain the consecutive development of drug-symptoms produced, with particular reference to a

clear definition between primary and secondary symptoms.

III. To institute provings to obtain the fullest possible general history of the pathogenetic effect of drugs, so as to give to the profession reliable provings of the newer remedies, and to increase the value of the provings of the old remedies by supplementary work. In conducting provings of this class, it is deemed indispensable to employ repeated and full medicinal doses of drugs, and to embrace in the experiments made tests and examination, chemical and otherwise, had at regular intervals, to establish the action of the drug proved upon the various organs and structures of the body.

In order to make provings of the greatest possible value, it is expected that provers will make repeated examinations, at regular intervals, of the secretions and excretions of the body; they will also utilize, more especially in making provings of the third class, the various modern means of physical diagnosis, such as the ophthalmoscope, sphygmograph, spicometer, microscope, etc. The systematic employment of these helps in the making of provings is deemed by this board of the greatest importance.

This board, taking it for granted that the members of the profession are conscious of the importance of systematic drug experimentation and willing to aid in making the work a success, heartily recommend as follows :

a. The making of provings by individual physicians either upon themselves or upon other persons who are willing to make experiments and *who, by temperament and state of health, soundness of judgment and intellectual fitness are qualified* for this work.

b. The instituting of provings by medical students, both men and women, under the direction of their preceptor, or, at college, of their teacher in materia medica.

c. The formation in large cities of prover's unions and of materia medica

clubs, which shall embrace in their membership, so far as circumstances permit, persons of both sexes, and persons thoroughly familiar with the modern means of physical diagnosis.

d. The active co-operation of the bureaux of materia medica of the different state societies in devoting a portion of their time, and of their annual work to the instituting of drug provings as outlined by this board.

This board will cheerfully aid in every possible way each effort to prove remedies, and will DIRECT provings upon the following basis:

To insure reliability of the symptoms obtained, drug experiments *made under the direction of this board*, will be made with drugs furnished gratuitously by the board through its secretary, Dr. A. W. Woodward, 130 South Ashland Ave., Chicago, Ill. The provers will *not* be informed of the name of the remedy sent them, or of the attenuations sent. All remedies will be numbered and application for a supply will be understood by the board to be equivalent to a pledge on part of the prover to faithfully carry out the spirit and letter of the directions accompanying the drug. Experiments under the directions of this board will be made with a large range of attenuations, embracing both high and low. No experiments will be made which will prove injurious to the health of the prover, or impose upon him more than very temporary inconvenience: When provings of the third class are to be made, consisting of experiments with full medicinal doses, and involving possible inconvenience to the prover, the name of the remedy to be taken, with its known broad physiological effects, will be furnished upon application, and the extent of the proving shall depend upon the pleasure of the prover.

To stimulate proper drug experimentation, and to reimburse, in part, provers for the inconvenience incurred by them, this board hereby offer one prize of \$100 cash, one

prize of \$50 cash, and one of \$25 cash for the best provings submitted to them no less than thirty days before the next meeting (1885) of the American Institute of Homœopathy. *Competitors must, of course, comply in every respect with the "rules for proving" which this board have formulated and which the secretary of the board will furnish, upon application, to all persons contemplating the making of provings.* Competitors for the first prize must make provings in all the classes specified, embracing also experiments with the drugs upon the lower animals.

Fully aware of the importance of the work undertaken, this board enters upon the discharge of a duty the performance of which demands the sacrifice of much time and effort, with the strong hope that they will receive the hearty support and co-operation of the workers of the homœopathic profession of America.

J. D. MCGUIRE, Pres.

A. W. WOODWARD, Sec.

E. M. HALE, E. A. FARRINGTON,
LEWIS SHERMAN, C. WESSELHOEFT,
H. R. ARNDT.

Chicago, Ills., Aug. 6, 1884.

**The National Homœopathic Hospital of
the District of Columbia.**

Washington, July 26th, 1884.

To the Homœopathic Profession :

The Homœopathic Association of Washington is organizing a movement in the capital of the United States in behalf of the National Homœopathic Hospital of the District of Columbia which, if it meets with the approval and aid of organized homœopathic societies and of the homœopathic physicians of the United States, will result in placing homœopathy not only on a level but at the head of the medical profession in the whole country, and thus give so much strength to the Committee on Legislation of the American Institute as to enable it to influence Congress in blotting out from the Revised

Statutes of the United States all discrimination against homœopathy, and prevent the same discrimination in the practice of the United States Government in the administration of public affairs. For this purpose the above said Association is endeavoring to make the Homœopathic Hospital in Washington a *national* one.

The Association having for some of its most active members the families of Judges of the Supreme Court of the United States, as well as those of Senators, Representatives, Cabinet Ministers, Generals of the Army, and Admirals of the Navy, is national in character at the very start, but should be made permanently so by State influence. For that purpose the Association has resolved that the Homœopathic societies be invoked to assist in the national organization. It is thought that the purposes and aims of the Association will be best presented and forwarded by the holding of a *national* fair to be given in aid of the National Homœopathic Hospital of Washington about the middle of December next. At this fair every table is to represent a State, and shall be presided over by prominent citizens of the State to which it belongs.

The success of the fair, and of this national idea, will depend upon an effective organization of State committees; and in order to reach those citizens of the respective States who would practically aid the Association in carrying out its design we appeal to the homœopathic medical societies as the most available.

We desire that each society shall meet and give us the moral support of its approval; then we desire that each society shall appoint a State committee, which shall make the collections that should furnish their State table. These State committees, aided by the energetic assistance of the homœopathic physicians, would find no difficulty in obtaining sufficient contributions to furnish *one table* in such a manner as to reflect great credit upon the State to which the table belongs.

Persons of the most prominent social and political position, when advocates of homœopathy, should, if possible, be engaged to serve on the State Committees, for the magnetism of their names will be potent in securing from Congress the legislation we have asked, viz., "to give to the medical profession, without discrimination in favor or against any school or theory of medical practice, equal rights in the service of the United States." Congress would also listen with more interest to other claims of homœopathy, and appropriate money for the support of the National Homœopathic Hospital as it does for similar institutions of the District of Columbia.

Here we append the correspondence that has taken place between the Association of the National Homœopathic Hospital and the Committee of the Garfield Memorial Hospital in reference to the union of the two institutions into a general one, and we beg that it be read, for the homœopathic physicians of the country will learn from it a state of things that the homœopathic profession cannot tolerate, particularly in the capital of the nation.

For the reasons above stated, and for the discrimination constantly practiced against homœopathy under the very eyes of the National Government, we turn for assistance to the homœopathic physicians of the country, that we may have their moral and material support in our efforts to defend the rights of the homœopathic school in general.

The plan is not difficult of execution if the homœopathic physicians of the States will devote a little time, some energy, and public spirit in organizing a committee of five or six persons in their respective States to collect contributions for *one table* at this fair. It is so small a matter for one State to do that we cannot see any difficulty whatever, unless the physicians are indifferent, oblivious of their interests and of their duties, and prefer to leave us to fight the

battles of their cause unsupported by the help in their power. Trusting, however, that the homœopathic physicians of the country will make a common cause with us and appreciate our plans and motives, -we respectfully request :

That the Homœopathic Medical Societies meet without delay for the purpose of considering and approving the plans suggested.

That every Homœopathic Medical Society, through its secretary, place itself in communication with the Committee on Organization of this Association.

That they appoint a State committee to receive and forward contributions.

That they forward to this Committee the names of the persons thus appointed, with the address of its chairman and secretary.

That all homœopathic physicians who love their profession and who wish to be placed on a level with the most favored ones cheerfully give a little of their time and of their influence to accomplish the object that is to raise Homœopathy high in the estimation of Congress and the Government of the United States.

The National Homœopathic Hospital is in full operation, with courageous men and women to support it, but with exceedingly scanty means. It is questionable if its existence can last long without the help of our people abroad or from the Government.

Address all communications to the Chairman of the Committee on Organization, which is the following :

(Chairman,) TULLIO DE SUZZARA
VERDI, M.D.,

*President of the Medical Staff
of the Nat. Hom. Hos.*

LEWIS CLEPHANE, }
G. E. HAMILTON, } *Trustees.*
(Secretary).

The fall meeting of the Medical Society of northern New York will be held at the City Hall, Albany, Wednesday, October 1st, 1884.

CORRESPONDENCE.

WESTERN NORTH CAROLINA.

DR. G. W. WINTERBURN :

Dear Doctor—Few physicians are aware of the value of this region as a resort for the prevention and cure of pulmonary diseases. Judge E. J. Aston, Mayor of Asheville, who has lived here for a quarter of a century, wrote that "the climate is mild and equable, neither the heat of summer nor the cold of winter is extreme, owing to our high altitude in a low latitude. The winters are short, and only the nights cool. The rainy months are generally during the growth of crops and when the nights are warm. No malarial diseases ever exist among us, and the national statistics show that in point of salubrity and healthfulness we stand in the foremost rank with the most favored localities."

As long ago as 1857 my father, Prof. H. P. Gatchell, M. D., recognized the superiority of this region, and in 1870 he wrote a pamphlet on the climate, salubrity and scenery, the accuracy of which was endorsed by the leading men of the State. After mentioning the importance of a moderately cool and invigorating air, a certain degree of altitude and dryness of atmosphere, in the promoting of the recovery of consumptives, he states that these conditions are here met with more fully than in any other part of the United States. He wrote as follows : "To aid the reader in judging of the merits of the climate of Asheville, I append the following table, comparing it with that of Geneva, in Switzerland, Turin and Milan in Italy, and Vienne in the valley of the Rhone, East France. Turin and Vienne are situated in famous vine districts, and all of them are noted for pleasantness of climate :"

	Spring.	Summer.	Autumn.	Winter.	Year.
Geneva....	52.2	70.3	54.2	34.0	52.7
Turin.....	53.7	71.5	53.8	33.5	53.1
Asheville....	54.3	71.3	55.3	37.8	55.3
Vienne.....	50.2	71.8	54.0	38.7	55.3
Milan.....	54.9	72.8	55.9	36.1	54.9

And the following table shows the

ratio of consumption in several sections of the country. The figures on the right indicate the number of deaths from consumption in every one thousand deaths :

Northern New England	(nearly) 250
Minnesota and California.....	150
Kentucky and Tennessee.....	100
Florida.....	50
Western North Carolina.....	30

The last figure (30) applies as well to the adjoining counties in South Carolina and Georgia.

The writer has been in Asheville for some time, has met patients from almost every part of the United States, and has yet to meet with one who has not improved or recovered entirely.

EDWIN A. GATCHELL, M. D.

ABSTRACTS.

FIGHTING AGAINST VACCINATION

—I have been much in Northern Mexico and that part of the United States bordering thereon, and I have seen a great deal of the Mexicans. You can hardly imagine the antipathy they have to being vaccinated. They say that vaccination is a flying in the face of Providence, an attempt to circumvent the will of God. I remember a Mexican in Arizona who obstinately refused to be vaccinated. Some of my men pointed rifles at his head and told him that he would be shot if he resisted. He folded his arms and said, "Shoot. I would rather be shot than interfere with the will of God." We chloroformed him and he was vaccinated before he knew it. I have seen in Mexico a regiment of soldiers march out to be vaccinated. A regiment of soldiers with drawn sabres and two regiments of infantry with fixed bayonets surrounded them and compelled them to submit to the operation.—*Judge Rice in New York Tribune.*

TOTAL RETENTION OF THE PLACENTA.—The retention of a part or the whole of the placenta is a cause of grave trouble, both by causing

hemorrhage and by the absorption of decomposing materials. One must not, however, regard a woman as necessarily lost if the placenta be entirely retained. J. Favé reports a case to which he was called, seven hours after labor had terminated, in order to deliver the placenta. He found the uterus displaced, and every attempt to reach the placenta failed ; on account of the feebleness of the woman he did not resort to instruments. Coffee and quinine were given for four days. The woman recovered and became pregnant six months afterwards. Favé thinks it probable that the placenta shrivelled and came away at a menstrual period.—*Jour. de Méd. de Paris.*

OUR GROWING LONGEVITY.—The increasing knowledge of the laws of sanitation and personal hygiene are yearly adding to the average of human life. In an address before the late international health exhibition at London, Sir Jas. Paget referred to this matter in his usual pointed and telling manner. He indicated as the reasons for increasing longevity, and the less amount of sickness, as compared with by-gone times, the fact that there is less intemperance and less immorality now than formerly. We have better, cheaper and more various food, far more and cheaper clothing, far more and healthier recreations ; we have, on the whole, better houses and better drains, better water and air, better ways of using them. The care and skill with which the sick are treated in hospitals, infirmaries and even in private houses, are far greater than they were. The improvement and extension of nursing are more than can be described. The care which the rich bestow upon the poor whom they visit in their own homes is every day saving health and life ; and even more effectual than any of this is the work done by medical officers of health, and all the sanitary authorities now active and influential in all parts of the kingdom. What we want, forcibly in-

sisted the learned lecturer in conclusion, is more ambition for health, and a personal ambition for renown in health as keen as is that for bravery or for beauty, or for success in our athletic games and field sports.—*Medical Age*.

ILLUSTRATIVE of the value of jury trials, involving questions of which the jury are ignorant, Dr. Gundry (Reports of the Maryland State Board of Health) gives the following: Sixteen years ago, in a rich and intelligent county, a case was tried in which a huge distillery, with its attendant hog-pens, was complained of by the neighbors as a nuisance. It was shown that both the adjacent air and stream were so contaminated as to make the people in a near village uncomfortable, and in some cases a fever had been traced to it. Expert testimony showed the probable results of such a state of things. But the defence placed on the witness stand a respectable looking farmer, who was well-to-do. He testified that the nuisance complained of was not to be feared. He thought it really of an advantage. He said in proof of this that he owned a very bad smelling privy himself, the odor from which was terrible; but it sufficed to cure attacks of the headache to which he was subject. The cure was accomplished by placing his face over the seat and holding it there. The man was honest, and in ordinary things intelligent. His so-called practical knowledge outweighed the positive testimony of the other side of the theory of the experts. The jury found for the defendants. A couple of years later the neighborhood was scourged by an epidemic of fever.—*Detroit Lancet*.

DR. PANCOAST, late professor of anatomy in Jefferson Medical College, died some years since, leaving, it is said, more than a million dollars. Did any of it go to endow a chair in Jefferson Medical College? If so we have not heard of it. Dr.

S. D. Gross died leaving an estate, it is said, of over a quarter of a million dollars. All of his children are handsomely provided for irrespective of this. Did he will any of it to Jefferson Medical College? His leaving a hundred thousand dollars to endow a chair of Pathological Anatomy or of surgery in this college would have been tangible evidence that he believed in this school and was ready to do what he could to make it independent of students' fees. There are few men in the profession who could so well afford to contribute to the founding of a Gross Professorship, as Dr. Gross himself. A boom for the Gross Professorship would be more fitting if the estate had started it with a subscription of an hundred thousand dollars, or more. Dr. Gross was a great man, but he received during his life the greatest honors and rewards possible in his profession, and his works will give him perennial glory.—*Detroit Lancet*.

THE PROPHYLAXIS OF CHOLERA.—In the present state of popular excitement aroused by the threatened importation of cholera to our shores, it behooves the profession and sanitary authorities to inculcate the doctrine embodied in the somewhat trite proverb, "an ounce of prevention is better than a pound of cure." It would almost seem that the periodical threatening of an invasion of the Asiatic scourge is a blessing in disguise. The attention of the public is stimulated to practical sanitary measures during these scares as it is at no other time, and, probably, were there not something of this nature to arouse the people from the apathy into which they are prone to fall, in connection with a matter of such vital importance, there would be such an accumulation of filth as might explode in some equally fatal affection to that the fear of which stimulates to the spasmodic measures for its prevention. The rules which govern the effective prophylaxis of cholera differ in no respect from those gov-

erning general hygiene and sanitation. In the case of cholera, as in that of all other zymotic diseases, there is a germ which will not grow unless deposited in fruitful soil. The conditions most favorable to the growth and development of the cholera germ are decomposing organic matter and moisture, the same conditions practically which are most favorable to the growth and spread of the great majority of diseases dependent on a parasite. To prevent the disease, therefore, these conditions must be removed, and the community in which the streets and yards are free from such decomposing organic matter, and in which the sewerage is sufficiently good to prevent undue moisture, is thereby granted an immunity from "the pestilence which walketh in darkness and wasteth at noonday." It is just the difference, as the *British Medical Journal* pithily puts it, between burying mushroom spawn in a dung-hill or on a sand-heap. In the one case we shall have a rich crop. In the other a few feeble and short-lived fruits. By all means exclude the first class if you can, but at any rate let us make sure that if they evade our vigilance they shall die out for want of the conditions necessary for their continuation. We may not be able to keep out the enemy, but we can if we will, starve him out when he has landed in our midst.

THE PATIENT AND THE DISEASE.—

There is, probably, no small amount of mischief done by the mistake of treating the disease and losing sight of the patient. In his recent Gultonian lectures Dr. Clifford Allbutt refers to this error more particularly in connection with the neuroses, as follows:

"Such changes or such settlements of perverted action are often, no doubt, called to this spot or the other by some local deviation from the normal, as consumption may take its beginning from some trivial or forgotten catarrh; but the essence of

the malady is not there, and to try to cure such a malady by local means is as wise as to try to cure a syphilis by antiseptic dressing of its ulcers. Such subsidiary means are often needed, often, indeed, necessary, but in cases like those under discussion should be used as little as possible, because of the tendency of such methods to arouse and perpetuate a morbid possession of mind in the woman. All this our more robust, clear-sighted, and more upright gynæcologists know well enough; in the rest the fault may lie rather with modern fashion than with themselves. Looking only to the uterine organs, their reason bounded by the confines of the pelvis, they attempt to stem the tides of general and diathetic maladies with little Mrs. Partington mops of cotton-wool on the ends of little sticks. That many of the cases need a judicious combination of local and general treatment is true, but in most of them the patient and the doctor are fascinated by the local phenomena, which nature herself is performing on a far larger scale. If we are to cure the disease, we must be able to fly with her and to run with her, as well as to creep with her. In my later chapters, I shall recall the truth which should ever be before us—that the fundamental difficulty in all neurotics, not hysterics, is their nutrition. More fresh air, without expenditure of the slender store of strength; the permeation of their starved tissues with the fat which they themselves so often loathe in their food—these two reforms accomplished, all their organs will take on a more generous and more vigorous life, all their tissues will brace and cleanse themselves, form a purer and richer flow of blood, and force will be stored up and energy developed, where all before was dilapidation and sterility. As a shrewd old Yorkshire doctor said once to me, 'It's no use, my lad, putting the hands right upon the clock-face if you have not cleaned the works.' Gentlemen, we are all

one-sided. I speak to-day from my own one-sidedness, and my convictions are upon the side of cleaning and repairing the clock."

HÆMORRHAGE IN PLACENTA PRÆVIA—DIGITAL COMPRESSION.—Dr. H. Klotz, of the University of Innsbruck, in *Wein med. Woch.*, describes a method that he employed in two cases of very severe placenta prævia. Acting on a suggestion of Dr. Breisky for the arrest of hæmorrhage in an atonic uterus, he inserted two fingers of his right hand into the space behind the cervix uteri and pressed them firmly up between this and the vagina. By means of these fingers he hooked the lower part of the uterus strongly forward toward the pubes. He then made firm pressure on the fundus of the uterus by means of the left hand. Digital and manual compression on an ante-flexed uterus arrested the bleeding. He had to keep up the pressure in one case for three-quarters of an hour. Both children survived.—*Cin. Med. News.*

FEIGNED SKIN DISEASE.—Dr. T. Calcott Fox records the following instructive case in the *Lancet*. A. S——, aged nearly sixteen years, a furtive-looking general servant in London, presented herself at the Skin Department of the Northwest London Hospital on the 28th of November. The catamenia commenced at the age of thirteen, but had since been irregular, and for the past year absent. She was fairly well nourished, but pasty-looking, and her fingernails were markedly grooved. She applied on account of three excoriated patches which appeared on November 21st, close together on the front of her left leg, and had she stated, given her great pain, and caused her to lie awake sobbing at night, so that her mistress had no longer the heart to keep her at work. The suggestion had been made that the sores were caused by the dye from her black stockings, and the girl said that she had dressed the

places with "Moore's ointment." One sore was perfectly oval, another nearly heart-shaped, and the third triangular, with a horn at each angle at the base. The patches measured about 1 1-4 in. by 1 1-2 in. to 2 in., and the long axis was in the direction of the limb; they were simple uniform weeping excoriations, with hardly any attendant inflammation. Suspecting the nature of the lesion, I ordered a simple dressing and a saline aperient, and talked of admitting the girl into the hospital if more sores appeared. On December 5th she returned with a transversely oval sore just above each mamma (a very characteristic site in feigned cases), but not quite symmetrically situated. There were two others above the left ankle-joint, and one on the outside of the right calf, all longitudinally oval simple excoriations, with a well-defined border, except on one sore, where the abrasion was not complete at one end and only papulation existed, suggesting a cantharides application. There was a dark-brown blood scab on some. She was admitted to the wards. On December 6th a transversely oval patch appeared just below the left mamma; and another, longitudinally oval, covered with a slight scab, on the right hip. The girl, from time to time for twenty-four hours after admission, had prolonged fits of hysterical sobbing. On the 12th a sore appeared on the right shin near the ankle, and another on the right mamma, between the site of a former excoriation and the areola. There was a remarkable uniformity in the size of the patches throughout. As to the agency at work, I never could detect any evidence of the formation of a bulla, and the patches were too superficial for causation by an acid; moreover, repeated examination of the clothes, bedding, etc., at convenient times and unbeknown to the patient, failed to furnish any clue. On the 16th, no more excoriations having appeared, I taxed the girl with producing the eruption artificially,

and, after prolonged denials, she confessed that she had done so, partly by her nails, but mostly by continued rubbing with the tops of her fingers. Probably the malingering was not altogether motiveless, and she desired a rest from her household labors. She proved to be very troublesome and disobedient in the ward, and I learnt from her father that she was an incorrigibly bad girl and a constant source of worry. The case is of interest as establishing an agency which has hitherto only been suspected as possible. Whether the skin in these cases is peculiarly sensitive to injury is a point for further investigation.—*Med. and Surg. Rep.*

—According the *Union Médicale*, construction of a medical library on an unprecedented scale of magnitude is contemplated for the *Ecole de Médecine*, Paris. It is proposed to add to the present library all existing publications relating to medicine, and all which shall be hereafter published. To accommodate existing works alone the library will have to be enlarged to eight times its present size. The object of this great enterprise is to make Paris the headquarters for the world on medical subjects, and to attract students, scholars, and scientists to the city.

—At the last meeting of the Academy of Sciences in Paris, M. Paul Bert gave the results of some researches which he has recently made respecting the administration of chloroform, particularly to persons of weak heart, in surgical operations. M. Bert is of opinion that the quantity of an anæsthetic is less important to observe than the tension of the vapor inhaled and the proportion of air with which it is mixed. He has constructed an apparatus with which he administers a proportion of eight grammes of chloroform to a hundred litres of air. Experiments which he has made with this have shown not only is a saving of chloroform effected, but the danger is considerably lessened. The

pulse of the patient inhaling the mixture is calm, and the temperature of the body is not sensibly lowered, while in only four cases out of twenty-two was the slightest appearance of nausea produced.

THE THIRD CORPUSCLE IN THE BLOOD.—Dr. William Osler, of Montreal, contributes to the *Medical News* a comprehensive article on this vexed topic. His conclusions are :

1st. There is in mammalian blood a third corpuscular element, one-eighth to one-half the size of the red corpuscle. It can be clearly seen in the blood-vessels of the living animal or in the vessels of freshly removed bits of tissue. It may be called appropriately the third corpuscle, or "blood-plate," though the latter expression is not a very satisfactory one.

2nd. In blood withdrawn from the vessels these corpuscles aggregate together and form the well-known granule masses in which the corpuscles rapidly degenerate and lose their outlines. These masses, first described by Max Schultz, should be known by his name.

3rd. There is evidence to show that the third corpuscle plays an important rôle in coagulation.

HYSTERICAL PSEUDO-PHTHISIS.—In young women suffering from chlorosis and hysteria there is often, according to Dr. Fabre (*Centralb. f. Gynäk.*) a condition simulating phthisis. There is a cough, with expectoration, and even spitting of blood. Physical examination reveals dulness at the apex (usually on the right side), feeble respiration and occasional rales. The author regards these symptoms as due to a vaso-motor disturbance exciting a pulmonary congestion. Other organs may also be subject to functional disturbances. Obstinate anorexia, gastric pain, occasionally diarrhœa, but more frequently constipation, are not seldom present. The pulse is weak and frequent, like that of fever, although

the temperature may be normal. Sometimes, however, there is elevated temperature which may be normal. Sometimes, however, there is elevated temperature, but it is only transitory, and regular evening exacerbations are never observed. The expectoration is not purulent, but may be mixed with blood. While in true phthisis there is emaciation, in these cases the patients often increase in weight. Sweating, as a rule, is not met with. The differential diagnosis is often difficult, and the author relates that cases have not infrequently occurred in which a diagnosis of pulmonary consumption was made, but the patient nevertheless recovered. The condition may exist without material improvement for months, or even years.—*The Practitioner*.

HEPATICA.—Of late years this drug has been extensively consumed in the preparation of proprietary medicines. It appears that last year over 340,000 pounds were consumed, of which amount over 300,000 pounds were imported from Europe. Four years ago the entire consumption did not reach 10,000 pounds. In this country we have two species that produce the drug. In most medical works, and in old botanical works, the plants were classified as Hepatica; but late botanical authorities include them in the genus *Anemone*, on account of the structure of the flower. The exceedingly dissimilar properties of these plants from *Anemone*, would seem to indicate the doubtful propriety of placing them with that genus, and the name Hepatica, which will always be the medical name for the drug, will probably also be the final botanical name. Our native species are now named *Anemone Acutiloba* and *Anemone Hepatica*, and very closely resemble each other except in the shape of the leaves: the former has sharp lobes to the leaves; the latter, blunt lobes.

Our Pharmacopœia has recognized but one species—the round-lobed form. It is proven, however, that

nine-tenths of the native drug of commerce is collected from the sharp lobed species, which has never been officially recognized. The medical properties of Hepatica are unimportant. The plant does not contain an active principle, and is as devoid of characteristics as is the grass of the field. Of the vast amount of the drug consumed, it is creditable that the medical profession uses but a small per cent. Almost the entire lot is employed in the preparation of certain secret remedies.

The foregoing has been compiled from the July number of "Drugs and Medicines of North America," which, in addition to full botanical and medical descriptions of the drug, contains a full-size plate of the plant, and cuts illustrating the shapes of the different leaves of commerce, and a map showing the distribution of our two native species.

EMOTIONS AND HEALTH.—Physicians make a mistake if they treat their patients with material remedies only. There is a psychological element of cure. By agreeable emotions nervous currents are liberated which stimulate the blood, brain, and viscera. The emotions of every person are of more importance to his health, happiness, and well-being than most physicians suppose. Agreeable emotions are curative in their influence upon invalids, while disagreeable emotions produce disease oftentimes in persons in good health.—*Med World*.

One of the funniest cases of occluded os I ever saw, was one of tough membranes. The attendant could find no opening, look where he would, and his fingers passed over a smooth, unyielding surface, which he was sure was the lower segment of the uterus. He had been holding it back, telling the woman not to bear down until assistance could get to the house. This, of course, was a good case, and was brought to a speedy termination.—*Keystone Med. Jour.*

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor:

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors:

Profs. S. P. Burdick, E. M. Hale, E. C. Franklin.
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood. Drs. G. N.
Brigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millspaugh, Mrs. J. G.
Brinkman, Mrs. Julia H. Smith.

Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless endorsed in our editorials.*

SUBSCRIPTION: \$2 per year, in advance. For accommodation of subscribers, this journal is not discontinued until an order is received to that effect.

Remittances may be made by Post Office order, check or inclosed in a Registered Letter, at our risk.
A. L. CHATTERTON PUB. CO.,

New York.

EDITORIAL.

The semi-annual meeting of the Homœopathic Society of this State will be held at Binghamton on Sept. 9 and 10. The meeting will doubtless be an interesting one, and the season of the year being favorable, a large attendance may be expected.

* * *

The importance of bedside urinary analysis, without the delay of sending the specimen to the laboratory, has long been recognized by practical physicians, and the introduction of various new chemicals, by which very delicate tests can easily be made, has removed a difficulty which has hitherto prevented the physician from making frequent use of chemical tests. A happy suggestion was made some time since by Dr. Oliver, of England,

that slips of paper might be impregnated with the various chemicals required, and thus do away with the necessity of carrying about with one these reagents in a liquid form. Acting on this suggestion Messrs. Parke, Davis & Co. now manufacture a very neat urinary analysis pocket case, which contains all the chemicals needed in making an examination of urine. It contains two test tubes, one of which is graduated; a graduated pipette, a set of very ingenious gravity beads, by which specific gravity may be obtained much quicker and with more accuracy than with the urinometer as ordinarily used, and a set of chemically saturated paper slips. These test papers are, litmus, potassium ferrocyanide, sodium tungstate, citric acid, potassium mercuric iodide, picric acid, sodium carbonate and indigo. Having used this case with great satisfaction, we are glad to commend it, as a valuable clinical aid, with which we would not willingly dispense.

* * *

Some years since, periodical literature in this country teemed with articles favoring the use of malt drinks as a substitute for spirituous liquors. So much was said in their favor that the consumption of malted preparations speedily became enormous. But experience has shown the great dangers to health from the use of lager beer. Its habitual consumption not only weakens the heart's action, but in many instances produces hypertrophy of that organ. The characteristic changes consist in an enormous increase on both sides of the heart in the volume of the primitive

muscular elements, with enlargement of the nuclei, and it seems probable that there is actual numerical increase in the muscular fibers. In communities where the consumption of beer is universal, as in Munich, the average weight of the normal heart is greater than elsewhere. With this cardiac enlargement is associated a typical plethora, such as is notable among drivers of beer wagons and workers in breweries. Such men suffer from a loss of stamina, and are unable to withstand the shock of severe disease. This is notably evident when attacked with pneumonia. Such patients rarely recover when inflammation of lung tissue passes beyond the first stage, and generally succumb to the disease in sixty hours or less. This hitherto little suspected danger deserves careful consideration in its relation to practical hygiene.

*
* *

For more than a century it has been noticed, both in this country and in Europe, that there were occasional outbreaks of cheese poisoning for which no adequate reason could be ascribed. It seemed to be due to the development of certain fatty acids, but it has not been determined why these acids are formed. A recent outbreak in Michigan has renewed interest in the subject. All the persons who ate the cheese in question, upwards of a hundred and fifty, were taken sick with symptoms very closely resembling arsenical poisoning. There was burning pain in the stomach and intestines; violent vomiting and purging; feebleness of the pulse; coldness and clamminess of the surface and extremities; and a

tendency to collapse. Fortunately, there were no fatal cases. The cheeses were ordinary in appearance, and an examination of the factory from whence they came showed it to be scrupulously clean, and nothing in the vats or surroundings offer a semblance of explanation. Analysis showed no arsenic or other mineral poison; but a whitish liquid which oozed from a freshly cut surface was found to contain microscopic organisms. This liquid was very intensely acid, the freshly cut surface of the cheese reddening litmus paper instantly. Good cheese, on the contrary, is only very slightly acid, and reddens litmus paper only slowly. This test for poisonous cheese could be applied by any grocer to a freshly cut surface of a cheese. If it was quickly turned red, the cheese is unfit for food, and should be discarded.

*
* *

In another column may be found the appeal of the managers of the Homœopathic Hospital, at Washington, to the homœopathic profession. All will remember that when funds were collected for the Garfield Hospital, it was with the understanding that it was to be a nonsectarian institution. Garfield and his family were believers in homœopathy, and it would seem only just that any hospital bearing his name should give a fair and courteous reception to homœopathic principles. But the present managers reject the offer of the homœopathists of Washington to unite in making a great national hospital in the nation's capital. They are unwilling to abide by the statements and pledges that were made at the time when the funds for the

Garfield Hospital were being collected; and now propose to exclude homœopathy, practically, from any of the advantages of that institution. It is to be hoped, therefore, that the managers of the National Homœopathic Hospital may receive the active support of the homœopathic profession as requested in the circular which we reproduce. What they desire is there clearly stated, and is so reasonable, and so easy of accomplishment, that we hope that there may be no failure to carry it on to a triumphant and memorable success. It would certainly add much to the prestige of homœopathy, in every part of the Union, to have a commodious and well-appointed hospital at the national capital, and it surely only needs that the subject should be duly presented to ensure its complete accomplishment.

SINGULTUS.—Dr. Ellis adds another to the long list of remedies for hiccough. He says, "that any thing which will cause a patient to sneeze will cure him or her of hiccough then and there instantly."—*Texas Cour. Med.*

MYSTERIES OF SNAKE POISONING.—Sir Joseph Fayrer, who has been investigating snake poisoning, says that to him one of the greatest of mysteries is that a poisonous snake cannot poison one of its species, scarcely its own congeners, and only slightly any venomous snake, but it kills innocent snakes quickly. A vigorous cobra can kill several dogs, or from a dozen to twenty fowls, before its bite becomes impotent, and then the immunity is of brief duration, for the virus is rapidly re-secreted.—*Med. and Surg. Rep.*, July 5th.

OPIUM-POISONING—NITRITE OF AMYL.—Dr. W. L. Johnson reports

in the *Texas Courier Record* a case of opium-poisoning treated by inhalations of nitrite of amyl. The patient when first seen, three hours after having taken two ounces of laudanum, was deeply narcotized, pulseless at the wrist making six respirations to the minute, perspiring freely, with cold extremities, and cyanotic. Belladonna and other remedies having failed, twenty to thirty drops of nitrite of amyl were poured upon a handkerchief and applied to the patient's nostrils. After two inhalations of the drug the man looked up and asked what was the matter. From that time he continued to improve and made a good recovery.—*N. Y. Med. Rec.*, July 5th.

EXTRA - UTERINE PREGNANCY—LAPAROTOMY.—M. Championniere (*Gaz. Heb.*, No. 3, 1884) presented before the Paris Surgical Society photographs of two fetuses which he had removed by laparotomy in two cases of extra-uterine pregnancy. Both women had fever, emaciation, and all the symptoms of hectic. The one had been pregnant fifteen months; the fetus was found floating freely in a purulent cyst. The other woman had a pregnancy of twenty-six months; the fetus was adherent to the walls of the cyst and could in part only be separated with difficulty; a leg and a foot were left behind. Recovery took place in both cases without increase of temperature, and was complete in one; in the other a fistula persisted. Both women have menstruated since the operations.—*St. Louis Cour. Med.*, July.

VACCINATION DURING PREGNANCY.—Dr. Truzzi vaccinated a number of pregnant women during the last three months of gestation, with a view to determine the protection, if any, afforded to the child. The results were negative, as the children were all successfully vaccinated a few days after birth.—*New Eng. Med. Mo.*, July.

FUSIL OIL IN SWEETMEATS.—Dr. E. H. Bartley, chemist to the Brooklyn Board of Health, has made a re-

port to that body in regard to the "rock-and-rye drops," which, although flavored with fusil oil, are constantly sold at the "candy shops" in large quantities to school children, and in it he says: "In some of these candies the oil is not thoroughly mixed or diffused, and occasionally a good-sized cavity is filled with fusil oil. Estimating that a child may buy and eat a half pound of this candy, containing 5.7 grains of the oil, it will be seen that it will take the maximum dose for an adult, and will probably experience distinct symptoms, such as dizziness, headache, or even slight intoxication. A fatal dose of fusil oil is stated by the best authorities to be from 1.4 to 1.6 grammes, or the quantity found in two pounds of this candy." "Jargonol pear drops" and other "sweets" of the kind are, we believe, liable to a like objection.—*Brit. Med. Jour.*, July 5th.

DROPPING FLUIDS INTO THE EYE.—We had but recently the opportunity of watching the dropping of a borax solution into the eyes of a child suffering from catarrhal conjunctivitis. The child cried vehemently, for the physician opened the lids with his fingers and thus dropped the fluid into the eye—a procedure, if not painful, at least very disagreeable. It may, therefore, not be amiss to mention the following by far better method: The inner corner of the eye is first cleaned from all impurities, and then thoroughly dried. While the child is in the recumbent position, the eye is kept closed. One or two drops of the fluid indicated in the case are then dropped into the corner. When the child opens the lid, the drops flow slowly into the eye. Should the child be asleep, or not at once open the eye, the operator needs but slightly to separate the eyelids, when the drops will immediately enter.—(Editorial) *Med. and Sur. Rep.*, July 5th.

GANGLION—ASPIRATION.—Prof. Gross says rheumatism is a more

common cause of ganglion than a blow or hard work is. At the clinic he treats it by subcutaneous puncture, and condemns the venerable practice of treating it by a blow from a book or hammer.—*Col. and Clinic Record*, July.

HÆMATURIA—DIAGNOSTIC POINT. Prof. Da Costa mentions the diagnostic point noticed by Dr. Morris Longstreth, that in hæmaturia the blood corpuscles are round and of normal appearance when from the kidney, and are small, shriveled, and broken up when from the bladder.—*Col. and Clinic Record*, July.

BRIGHT'S DISEASE AND BEER-DRINKING.—Most physicians of fifty years ago, or more, are familiar with the fact that a generation ago Bright's disease was rare; now it is one of the most familiar causes of death. Every day's paper contains the names of its victims. The reason for this is manifest; it is the pernicious and foolish habit of daily indulging in beer drinking.—*Gaillard's Med. Jour.*

ABSCESS OF THE SPLEEN.—Dr. Coates showed, at a meeting of the Calcutta Medical Society, a boy, aged four, who had been admitted into the Medical College Hospital, with a considerable enlargement of the spleen in consequence of malarious fever. The patient was pale and feverish. There was a bulging near the center of the swollen spleen, and the aspirator showed the presence of pus. An incision was then made, and the drainage tube inserted; ten ounces of pus were discharged. There was no constitutional disturbance after the operation. The abscess contracted quickly, and the spleen came down to half its previous size.—*British Med. Jour.*, July 19th.

SCIATICA.—In the *Amer. Pract.*, Dr. Cominger, of Indianapolis, recommends a somewhat new adaptation of an old treatment. The patient is placed under chloroform or ether;

the affected limb is thoroughly flexed and extended, and made to move freely in all directions, and then at once put up in plaster of Paris, in which it is allowed to remain for a week. At the end of this time the cure should be complete. The treatment is best adapted for severe cases with contraction of the limb. It is virtually nerve-stretching without incision. With the forcible flexion we are already familiar, but not with the combination of a subsequent plaster case. We consider the method worth trying, and therefore record it.—*Edinburgh Med. Jour.*, July.

GYNÆCIAL USES OF HOT WATER.
—R. H. Gunning, M.A., M.D., F.R.S.E. Ex-Pres. Roy. Physical Society, Ex-Lecturer on Anatomy, Dignitary of the Empire of Brazil, etc., read before the Medico-Chirurgical Society of Edinburgh, 7th May, 1884, a paper on some "points of importance in medical practice," from which we select the following:

Ladies suffering agonies in menstruation are better relieved and cured by very hot hemicupia than by any thing else. Of course, complications must be attended to at the same time. The bowels may need attention, or a weak circulation or cold extremities may need a hot stimulant—hot punch—but such complications being attended to, the hottest hip-bath is the surest means of relieving pain. And not only in painful menstruation, but when defective or in excess. Used for successive periods, the first is increased and the second is diminished. In acute leucorrhœa or irritated rectum, in the tenesmus of diarrhœa, besides the hip-bath, hot water—simple, or medicated with opium—can be injected into the passage. I even use a very warm hip-bath after labor when the lochia are excessive and the patient is feverish. In this way ablution is effective, the parts are soothed, and a source of puerperal fever—especially in warm climates—is removed. I have the patient carefully lifted and set down in a plentiful

and very hot hip-bath. A recent illustration of the use of hot water occurred to me in Italy. A lady's absence from the table d'hôte was daily regretted by her husband and friends, and medicines were doing her little good. I found she had had an abortion about a month back, and that the hectic and lassitude were due to painful post-partum discharge. I advised her to sit down at once, and again and again, in very hot water, and also to inject it plentifully. She was soon relieved, and on the second day was at table, and out everywhere, quite well.—*Edinburgh Med. Jour.*

JUDAISM AND HYGIENE.—It is stated that the Jews in Toulon and Marseilles have scarcely been affected by the cholera. The Jewish journals attribute this immunity to the dietary and hygienic laws of Judaism, and this claim is unquestionably justified by fact and experience. For history shows that in all epidemics the Jews have suffered far less than their neighbors, and when their dietary laws are carefully studied the reason of this exemption becomes apparent. In the last issue of *The Fortnightly Review* a somewhat remarkable article by Lucien Wolf, entitled "What is Judaism? A Question of To-day," discusses the status of the Jew in the modern world, and while making for him some claims which Christendom will certainly be slow to admit, deliberately ascribes the material success to Judaism, and the sustained vigor of the race, to resolute maintenance of the Mosaic law. That observance of this law respecting diet does give immunity from many and especially zymotic diseases is abundantly proved. Thus Dr. Behrend says: "I am myself decidedly of opinion that the care bestowed upon the examination of meat for the use of the Jewish community is an important factor in the longevity of the race which is at present attracting so much attention, and in its comparative immunity from scrofula and tubercle." So also Dr.

Carpenter has said : Obedience to the sanitary laws laid down by Moses is a necessary condition to perfect health, and to a state which shall give us power to stamp out zymotic diseases. If these laws were observed by all classes, the zymotic death rate would not be an appreciable quantity in our mortality list."

The vigor, physical and mental, of the Jews, their longevity, and their persistence and prosperity are no doubt largely due to the hereditary observance of hygienic and dietary rules, the purpose and effect of which is to prevent all blood-poisoning and the transmission of disease through food ; to cultivate habits of personal cleanliness ; and to establish such sexual relations that the coming generation shall have the most favorable conditions for development. These laws, for the most part rigidly adhered to during thousands of years, have produced a superior vitality in the present specimens of the most persistent culture, and medical and sanitary science confirms the wisdom of the laws, and can do no better than to recommend them to-day to the acceptance of the modern world. It is indeed not a little singular that Christianity, in taking from Judaism its highest spiritual conception, should so have slighted the wonderful body of hygienic science which the Mosaic law embodies. The explanation however, probably is that Christianity undertook to deal with matters supernatural, while Judaism, whether ancient or modern, is concerned only with mundane affairs. As Lucien Wolf admits, Judaism is really a sort of Positivism. Its aim is the attainment of happiness in this world, whereas Christianity deals with happiness in the world to come. But precisely because Judaism practically agrees with Herbert Spencer in relegating supramundane speculations to the realm of the unknowable, the intensity of its wordly philosophy is the greater.

The wisdom and energy of the Jews, in fact, have been centered for

years upon the reinforcement and protection of all their natural forces. And thus it is that they anticipated the riper results of modern sanitary science while still the Hanging Gardens of Babylon were a world's wonder, and while from the Temple of Belus Chaldean priests charted the heavens and calculated the occultations of the stars. This Mosaic law, so despised of the Gentiles, has given to the Hebrew race that toughness which has brought it safely, again and again, through persecutions that must have rooted 'out a weaker people ; and to-day, when the foremost savants of the nineteenth century are painfully searching out the genesis of disease and laboriously devising remedies, the immunity of the Jews in the midst of pestilence once more indicates the reason of their survival, and emphasizes the triumph of their sanitary system. No other race has been willing to accept such a discipline, and no other race, therefore, exhibits similar vitality and exemption from epidemic disease. Modern teachers of hygiene insist always upon the observance of system in these matters, and they have reason ; for the Hebrew race is a pregnant example of the power of hygienic and dietary laws applied with unintermitting rigor from generation to generation.

CORRESPONDENCE.

Cholera. A timely book. The average practitioner knows as much about cholera as he does about orthopædic surgery. He has a few general facts in mind and expects to look it up when an epidemic threatens. Where is he to find his information ? Scattered through multitudinous works on practice, a little in each. In no one place can he find a concise, clear and comprehensive account of its history, etiology, manifestations and treatment. This little book *gives it all theories to date, and

* Cholera and its preventive and curative treatment. By D. N. Ray, M.D., L.S.A. (London) with an introduction by T. F. Allen, M.D., New York : A. L. Chatterton Pub. Co., 166 Greenwich street.

what is of especial value, the preventive, hygienic and dietetic, as well as medicinal treatment. Does he wish the best recognized methods in use by the allopathic school? He can find them here from A to Z, classified according to all theories of its etiology and pathology. Does he prefer the homœopathic? In no work on practice or therapeutics are there so full indications for the use of the similimum. He will have countless questions asked him, "What shall I give to eat?" "What shall I give to drink?" "How shall I prepare it?" "How shall I keep the temperature?" etc. These questions are all answered in this book. Dr. Rây, as a native of India, has seen cholera from his infancy, and is thoroughly familiar with it. He has brought to his task patience and zeal. Writing in a strange tongue he has expressed himself with singular clearness and directness. The price of the work is within the range of all, and we advise physicians of all schools to procure it.

N. Y. S. M. S. I.

LITERATURE.

Prof. Howe, the accomplished surgeon at Bellevue hospital, has put forth a monograph on the diseases resulting from venereal excesses, masturbation and continence which we have read with much pleasure and great profit. Prof. Howe has had wide opportunity, both in practical experience and in theoretical writings, to familiarize himself with diseases of the male sexual apparatus, and in this volume* not only places at our disposal the fruition of his own labors, but also gives the methods practiced and ideas entertained by other authorities in America and Europe.

* *Excessive Venery, Masturbation and Continence.* The Etiology, Pathology and Treatment of the Diseases resulting from Venereal Excesses, Masturbation and Continence. By Joseph W. Howe, M. D. 8 vo. pp. 299. (New York: Bermingham and Company).

ITEMS.

The tincture of *serpentaria*, topically applied, is said to be a reliable antidote to poison ivy.

The irritation caused by mosquito bites may be allayed by the application of a decoction of *grassia*.

The *Century Magazine* for September contains a great variety of interesting reading. One of the most valuable articles is "The Foreign Elements in our Population." Prof. Langley contributes a very entertaining paper on "The Spots on the Sun." The editorials in the *Century* are always thoughtful, and are this month unusually brilliant. The *Century* is a household necessity.

The *North American Review* for August contains an article by Justice James V. Campbell on "The Encroachments of Capital" which will command the serious attention of all readers. Richard A. Proctor treats of "The Origin of Comets," and succeeds in presenting that difficult subject in a light so clear that persons who have little or no acquaintance with astronomy can follow his argument. "Are we a Nation of Rascals?" is the startling title of an article by John F. Hume, who shows that states, counties and municipalities in the United States have already formally repudiated, or defaulted in the payment of interest on an amount of bonds and other obligations equal to the sum of the national debt. Judge Edward C. Loring finds a "Drift toward Centralization" in the recent judgment of the United States Supreme Court on the power of the Federal Government to issue paper money, and in the opinion of the minority of the same court rendered in the suit for the Arlington property. Julian Hawthorne writes of "The American Element in Fiction," and there is a symposium on "Prohibition and Persuasion," by Neal Dow and Dr. Dio Lewis.

An electric sweat-band for men's hats is the latest. It is claimed for it that it stimulates the imagination, strengthens the memory and greatly augments the working power of the brain!

Koch is disposed to hedge on his prophecy of the inevitable spread of cholera throughout all Europe. Even Koch is not infallible, and the profession will not be surprised to hear that his microbe is an effect and not a cause, as there is a strong suspicion of being the case with his *bacillus tuberculosis*.

Rectal etherization, according to the *Medical Age* is such a stern procedure that it cannot make rapid headway, and while conceding it to be fundamentally correct, thinks that it exposes the person too much.

Granulated sugar moistened with cider vinegar, a few grains at a dose, is said to be a specific for hiccough.

THE AMERICAN HOMŒOPATH.

NEW YORK, OCT., 1884.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

SEMI-ANNUAL MEETING.

The 33d Semi-annual Meeting of the Homœopathic Medical Society of the State of New York was held at Binghampton, Broome Co., N. Y., on the 9th and 10th of September, 1884.

The meeting was called to order at 10 A.M. by the President, E. S. Coburn, M.D., of Troy, N. Y., and the Rev. Sam'l Dunham of the West Presbyterian Church of Binghampton opened the session with prayer.

Dr. T. L. Brown welcomed the society in the name of the Broome County Society, to which President Coburn responded.

Drs. F. Parke Lewis and W. C. Latimer were appointed committee on credentials.

There were present Drs. E. S. Coburn, Troy; J. L. Moffat, Brooklyn; H. M. Paine, Albany; T. S. Armstrong, Binghampton; C. F. Mills-paugh, G. F. Hand, E. E. Snyder, T. L. Brown, W. H. Proctor, Binghampton; J. D. Zwetsch, Gowanda; R. E. Miller, Oxford; F. Parke Lewis, Buffalo; W. C. Latimer, E. Hasbrouk, Brooklyn; J. M. Lee, H. M. Dayfook, Rochester; G. E. Gorham, Brockport; C. F. Sterling, H. C. Houghton, New York; M. O. Terry, Utica; G. C. Prichard, Phelps; C. Spencer Kinney, S. H. Talcott, Middletown; C. E. Jones, Albany; C. E. Van Cleef, Ithaca; J. E. Slaughter, Hamilton; M. T. Dutcher, J. T. Greenleaf, Owego; Geo. Allen, Waterville; J. B. Voak, Canandaigua; J. S. Fulton, Norwich; O. Groom, Hornellsville; J. A. and G. R. Bissel, Afton; C. N. Guy, Maine; A. B. Norton, O. E. Pratt, New York; Sam'l Talmage, Brooklyn; Miss De Wright, Waverly; A. W. and C. S. Lozier, New York; W. W. Black-

man, C. W. Rodney, J. G. Rugg; E. B. Nash, Cortland; H. S. Sloan, Binghampton; S. A. Brooks, New Milford, Pa.; J. W. Candee, Syracuse; B. L. Houghton, Green; J. F. Wagner; S. S. Simmons, Susquehanna, Pa.; H. D. Baldwin, Montrose, Pa., and Anna F. Mills, Binghampton. Dr. A. B. Norton was present as a delegate of "The New York Society for Medical and Scientific Investigation."

Among the constant visitors were Messrs. Linn Babcock, J. Haag, and Misses Stella Clark and Ida L. Delhin, medical students; Mr. E. J. Clark, Mrs. Dr. Hasbrouk, Mrs. Dr. Mills-paugh, Mrs. Dr. Coburn, Mrs. Dr. Latimer, Mrs. Dr. H. C. Houghton and Mrs. Dr. Lee.

Among the applications for membership were the following: Dr. G. W. Winterburn, New York; Drs. J. W. Candee and J. W. Sheldon, Syracuse; Dr. Frances M. Wright, Waverly; Dr. S. S. Simmons, Susquehanna; Dr. E. B. Nash, Courtland; Dr. B. L. Houghton, Greene; Dr. J. D. Knapp, Union; and Dr. C. N. Guy, Maine.

The president invited all physicians present, whether members or not, to participate if so inclined in the discussions.

Dr. Laird of Utica being absent, the Bureau of Clinical Medicine was opened, and a paper on "Sore Throat," by Dr. E. Chapin of Brooklyn was read. This paper elicited a strong discussion.

Dr. W. C. Latimer of Brooklyn then reported a case of "Phlegmonous Erysipelas." This case also called forth a strong discussion during which Dr. Houghton of New York mentioned a severe case of traumatic erysipelas in which the "usual remedies" failed; he then used with excellent success an application of equal parts *Veratrum viride* tinct. and glycerine, and gave the same remedy $\frac{1}{2}$ tincture 10 drops in $\frac{1}{2}$ glass water, a teaspoonful every hour. From absence of members, the

bureau was then laid over, as were also those of surgery and gynæcology; and Dr. C. F. Millspaugh was asked by the Chair to open the Bureau of *Materia Medica*, which he did in a paper on "Tabacum," being an extract from his work on "American Medical Plants." The paper gave rise to a spirited discussion on the use of tobacco in excess.

Dr. Stirling of New York related cases of the effects of smoking on the optic nerve; Dr. T. L. Brown of Binghamton gave as a clinical symptom in a case of excessive use: The patient awakes with a spasmodic start at night, saying he had the impression of having received a heavy blow upon the chest. Drs. Hasbrouk, Moffat, Coburn and Stirling related other cases of effects of excessive use of the drug. Dr. T. L. Brown spoke of the heredity of the drug, and Dr. J. L. Moffat of the effect on different temperaments; he thought that it affected brunettes to a greater extent than blondes.

There being no other papers in, the Bureau of Mental and Nervous Diseases was then opened by Dr. Seldon H. Talcott.

A paper on "Puerperal Melancholia," by Dr. C. P. Hartt of Wyoming, treated with gas and Cimicif.; a paper on "Loss of Memory," by Dr. Kirschall, treated with Anacard. 2; a paper on "Salient Features in Labor Cases among the Insane," by Dr. A. P. Williamson; a paper on a "Case of Meningeal Abscess," by Dr. A. P. Hinny; a paper on "Mania," by Dr. I. J. Fulton, and an essay on "Enforced Rest in the Treatment of Mental and Nervous Diseases," by Dr. Seldon H. Talcott, were read and discussed with profit and pleasure.

Dr. Williamson stated that parturition was of temporary benefit to the insane, but that a few weeks after confinement the cases were greatly exaggerated. He also stated that in nearly all cases a period, of longer or shorter duration, of complete rationality occurred.

In Dr. Kinney's paper he stated

that the meningeal abscess could not be traced to an injury received.

At 4 p. m. carriages being ready offered by the Broome County Society to convey the members to the asylum for chronic insane the meeting adjourned until 8 p. m., and all availed themselves of the opportunity to visit this immense institution. They were received by Dr. T. S. Armstrong, the superintendent and Drs. Eastman and Wilsey, and conducted through all the more quiet wards. It was a pleasure to see how many patients remembered Dr. Talcott, having been under his care formerly, and how happy most of them seemed to meet him again. After this visit an elegant lunch was served to the members by Mrs. Armstrong, the estimable wife of the superintendent, and all were driven back to the city.

The Bureau of Mental and Nervous Diseases was continued and Dr. T. S. Armstrong gave two cases of mental diseases cured by cessation of drugging, one a Hyos. and the other an opium case. Bell. 3d was the only remedy given and that to the opium case. The bureau was then closed as regards papers, and discussion opened. Dr. Nash related cases of melancholia and mania cured by pure homœopathic prescriptions. Dr. Groom related a case cured by Phytostigma. Dr. Brown brought up his new ideas on oxygen as a curative. Dr. Talcott did not think much of "air cures" but favored change of scene and air. Dr. Stirling gave some ideas on "hope cure" and Dr. Nash on "animal magnetism and compulsion" as a means of quieting. Dr. Talcott thought that maniacs should receive more benefit at the sea-side and patients suffering from melancholia at the mountains. He also stated that Jamaica dogwood (*Piscidia Erythrina*, Linn.), in twenty drop doses is an excellent hypnotic for lunatics. The Bureau of Surgery was then opened and Dr. Geo. Allen read a paper for Dr. H. I. Ostrom on the "Diagnostic value of the long tube in abdominal tumors." Dr. M.

O. Terry then read a paper on "the Treatment of Carbuncles with strong Carbolic Acid, Hypodermically, and External Limiting Application of Colodion"—which elicited a very strong discussion during which Dr. Nash of Courtland strove hard to sustain proper medical treatment. Dr. Houghton of New York related "what I *know* about carbuncles" and gave local applications of *Phytolacca radix* as an excellent abortifacient and *Tarentula cub.* a remedy to be thought of, mentioning also Dr. Kellogg's idea of Copal varnish as a good application as an external limiting agent. Dr. Houghton also mentioned the picrate of lime as an internal remedy in this connection. "Fissure of the Anus in Allegory, with Original Symptoms"—W. M. Decker, M.D., was read by title.

EVENING SESSION.

On the call to order at 8 P. M. Dr. Talcott desired that the regular programme be set aside and the interests of the Middletown asylum considered. Dr. Paine, of Albany, in discussing the subject, delivered some earnest remarks in support of the following resolutions:

WHEREAS, Various amounts required by the Middletown and Binghampton asylums, in order to promote the usefulness and increase the efficiency of these institutions, which sums were urgently recommended and deemed greatly needed by the trustees of said asylums, have been denied and the appropriations thereof prevented by the State Board of Charities for reasons, which in the opinion of this society are wholly unjustifiable and

WHEREAS, While fully recognizing the importance of maintaining suitable checks and safeguards as well as wise supervision of all public institutions, we are justified in protesting against that which plainly interferes with the interest of humanity, and not characterized by a breadth of scope and liberality of principles, which should control the management of such associations, therefore;

Resolved, That a special committee of this society be appointed with the Board of Trustees of the Middletown asylum for the purpose of securing during the coming winter such appropriations as may be necessary for the proper care and protection of the inmates of said asylums.

The resolution was carried and upon motion the following committee was appointed: Dr. H. M. Paine, of Albany; Henry C. Houghton, of New York; E. Hasbrouck, Brooklyn; Charles Sumner, Rochester; J. J. Mitchell, Newburg; T. L. Brown, Binghampton; F. Park Lewis, Buffalo; H. M. Dayfoot, Rochester.

The address of the evening was then delivered by the President, Edward S. Coburn, of Troy, N. Y., upon the subject, "Literary Bric-a-Brac," for which, on motion, the thanks of the society were tendered.

Dr. E. Jones, of Albany, read a valuable paper on the climatic treatment of consumption. After a discussion of the paper the society adjourned to meet at 9 o'clock morning.

SECOND DAY.—MORNING SESSION.

Dr. Coburn on opening the meeting thanked the members for their attention and discussions on the preceding day.

Under head of miscellaneous business a communication was read from Dr. T. S. Verdi, of Washington, requesting aid for a large fair to be held next December in that city for the benefit of the Homœopathic Hospital of the District of Columbia. Each State is to furnish a table, and the Executive Board were voted a committee to co-operate with the movement in New York State.

On account of the pressure of matter before the society it was moved and carried that the papers under all bureaus, by members not present, should be read by the chairman by title only. The following titles were then given:

"The treatment of Lithiasis by *Colocynth*," Dr. Bayless, of Utica.

"A case of facial spasms yielding to Lachesis."

These finishing the Bureau of Clinical Medicine.

The Bureau of *Materia Medica* was again taken up and a paper on "The Neurasthenic Symptoms of Physostigma," Dr. F. F. Laird, was read under special motion by the secretary, and excited a vigorous discussion upon the treatment of neurasthenia and spinal irritation, both by remedies and galvanocautery.

Dr. Terry was convinced that the only true method of controlling spinal irritation was by supra spinal cautery.

Dr. Brown, as usual, was in favor of exercise as a remedy in the trouble.

Dr. Millspaugh facetiously remarked that Dr. Terry combined both, as undoubtedly when he employed the cautery his patient immediately took to exercise.

Dr. Lee mentioned several cases cured by irritants over the spine. Many had trouble to cure with remedies alone. Others met with success without extraneous irritating treatment.

As the discussion became too inclusive and branched into other questions Dr. Millspaugh arose to a point of order, which being sustained by the chair the bureau was closed and that of Obstetrics taken up.

The title of a paper on "Post-partum Hæmorrhage" by Dr. C. J. Hill, was read, followed by a paper on "Three Consecutive Abnormal Labors in one Patient" by Dr. J. M. Lee, of Rochester. Mrs. Dr. C. S. Lozier, of New York, then read a brilliant paper on "A Clinical Review of Obstetric Cases," which was well received and brought about a general discussion.

During the reading of her valuable paper Dr. Lozier often mentioned "Red powder" as an application to the os for ulcerations and inflammation. Dr. Millspaugh asked the doctor what her "red powder" consisted of. The composition being

given as equal parts of *Sanguinaria radix*, gum myrrh and gum arabic. Dr. Millspaugh moved that when the paper should be sent to the committee on publication this formula be inserted wherever the title "red powder" occurred. Carried.

Dr. Deutcher, of Owego, read a paper on "Rigid Os," which was followed by a title paper by Dr. T. D. Spencer.

Dr. T. L. Brown then opened the Bureau of Gynæcology, in which title papers were read as follows:

"An Interesting Clinical Case"—A. J. Clark, M. D. "Albuminous Leucorrhœa"—Henry Minton, M. D. "Eucalyptus Globulus," by (?). The doctor then read a well composed paper on "Some of the Causes of Diseases Peculiar to Women."

As the time for adjournment had passed and an afternoon session could not be called, it was moved much to the regret of the mover and all present, that in order to hear all the papers present, discussion of them should be disallowed. This motion was carried and Dr. Hasbrouk remarked that as more time was needed for these meetings he would move that two full days should hereafter constitute a meeting. This motion was also carried.

The Bureau of Pædology was then opened and a paper read on "Uræmic Blood Poisoning"—by M. E. Graham, M. D.

This being the only paper in the bureau, the Bureau of Ophthalmology was opened by Dr. A. B. Norton, and the following papers read by title:

"Paralysis of the Accommodation"—Geo. S. Norton, M. D. "Eye Symptoms of Diseases of the Brain and Cord"—E. H. Linrell, M. D., O. et A. Chir., of Norwich, Conn. "Astigmatism"—W. N. Bell, M. D., O. et A. Chir.

Dr. Norton then read an excellent paper on "Affections of the Retina Resulting from Uterine Disturbances"—after which the bureau was closed and that of Otology opened.

Dr. Stirling read in abstract a valuable paper on the relation of "Certain Diseases of the Ear to the Brain." This was followed by "Clinical Cases"—by H. C. Houghton, M. D., and "Apoplectiform Deafness," by F. Park Lewis, M. D.

A call for the Bureau of Laryngology, but as Dr. C. E. Jones' paper came under a different head and was read at the evening session, and as no other papers were presented this bureau was not opened.

Dr. J. L. Moffat then opened the Bureau of Histology and read the following papers by title :

"The Tests for Bacteria"—W. Y. Cowl, M. D. "A New Urea Flask and the Results by Its Use"—Malcolm Leal, M.D., after which Dr. O. Groom opened and closed the Bureau of Climatology by reading extracts from his paper on "Vitiated Air."

Upon request the society granted Drs. Stirling and Cowl permission to publish their papers elsewhere beside the transactions.

A vote of thanks was unanimously passed to the Broome county authorities for the use of the Court House.

Thanks were also extended to the Broome County Homœopathic Medical Society for their courtesy and generous hospitality, to which Dr. T. L. Brown responded.

Dr. Hasbrouk then moved that we adjourn to two full days' meeting at Albany, Feb. 10 and 11, 1885.

All members and visiting physicians expressed themselves greatly pleased with the meeting and pronounced it, in spite of the extreme heat and hurried order of exercises, one of the most profitable of all meetings they had had the pleasure of attending.

It has been decided by the highest legal tribunal in Germany that legal human life does not begin in the fœtus until labor has set in, and that destruction of the fœtus before full term is not murder. This is progress in the direction in which the crab moves.

PERTUSSIS.

BY

PROF. W. A. EDMONDS, A. M., M. D.
St. Louis.

This is a febrile, contagious, self-limiting form of disease, with certain local manifestations in the pulmonary apparatus. The term *whoop* has probably originated on the principle of *onomatopœy*; naming the disease from a certain vocal resemblance in pronunciation, to some subjective or objective sound or symptom peculiar to the abnormal state; the word *whoop* bearing in pronunciation strong resemblance to the cough symptom or sound in the disease. Upon the same principle we have the term *croup* from its resemblance in sound to *croup* cough.

Whooping cough is eminently a disease of childhood. Adults who may have escaped exposure to the contagion in childhood, remain susceptible in adult life and may upon exposure go through the same process of symptoms as if exposed and attacked in early life; but usually in a somewhat milder manner than if attacked at the usual period in infancy and childhood. Those children who when exposed show a want of susceptibility and escape the symptoms, usually retain their immunity in after life and so escape altogether. One attack, as a rule, serves as a *prophylaxis* to any second or subsequent attacks. In simple uncomplicated cases the symptoms usually begin to show abatement about the end of the third week, and by a gradual process of decline reach conclusion in about three weeks more, giving an average duration of about six weeks; the average being somewhat longer in cold weather, and shorter in the warm weather of spring and summer time. The disease is probably more prevalent in the cold weather of winter than in the warm weather of summer; as the poison causing the symptoms in common with nearly all the contagions, preserves its efficacy or activity longer

under a low than a high temperature. Among robust children, when uncomplicated with other symptoms, the trouble is much more a matter of personal discomfort than one of peril. It should always be borne in mind, however, that there is a tendency to complications which may lead to great immediate peril to life, and while death may not be an immediate result, troublesome and more dangerous *sequale* may follow.

The *pathology* of the disease, by which we mean the tissue or structure primarily invaded by the poison and essentially involved in the abnormal process is up to this writing rather a matter of speculation and inference than one of demonstration. The weight of opinion and authority are decidedly in favor of the neurotic theory. That is to say, the poison primarily attacks and manifests its abnormal activity through the pneumogastric nerves. Hence most pathologists in classification and nomenclature place the disease among the *neuroses*. Primarily and in uncomplicated cases the diseased condition is not one of inflammation. The febrile state or symptom is of short duration and of immaterial importance; so that it is not entitled to rank as a *fever*. The state of irritation and increased secretion of the mucous membranes of the stomach and bronchial apparatus is probably the result of mechanical irritation and distress from the violent incessant cough, rather than any primary morbidity from the toxic agent causing the disease. A contributor to Quain's Dictionary of Medicine says while treating specially of the disease now under consideration, "it is neither a bronchitis nor a neurosis, but a zymotic affection," and immediately afterward speaks of it as a condition of "disordered *innervation*," primarily. We most respectfully suggest that *zymosis*, as a theory in the causation of disease, is altogether in too much a state of dubiety, to admit of dogmatism in its enforcement and application. Its

advocates must first show conclusively that the appearances so designated (*zymoses*) are uniform as to the fact of appearance, and settle clearly the question as to whether such appearances may not be merely incidental; or, the *result* rather than the cause of abnormality, before dogmatism will be in order. On this whole subject as to the intimate nature and causation of disease, we think it safe to say that in certain localities and under certain electrical, hygrometric, thermal conditions a toxic agent or agencies do arise or emanate, which when brought to bear upon the human system under favorable conditions, produce abnormal conditions or manifestations; and that in the case of what are by common consent known as contagious diseases there emanates from the body in a state of disease a toxic agent, which when brought to bear upon those in a state of health may produce an abnormal condition similar to that of the party from whose body the toxic agent has proceeded. But as to whether this toxic agent be material or immaterial; organic or inorganic; we think largely an assumption which would hardly authorize either conclusion or dogmatism. In this connection we take occasion to state that the term *malaria*, is very much more a matter of professional *convenience* than scientific accuracy and exactness.

As before stated, whooping cough under favorable circumstances is comparatively a mild, self-limiting form of trouble, and more a matter of personal discomfort and inconvenience than one of peril. It should, however, be kept constantly in mind, that there is a disagreeable and even dangerous tendency to complication with other abnormal conditions which may bring the little sufferer into much danger.

In such complications we may have broncho-pneumonia, gastro-enteritis, diarrhœa, brain congestion, encephalitis, convulsions, paralysis, atrophy. The pulmonary complications are more probable in cold,

changeable weather; the gastro-enteric ones in hot, sultry weather; the cerebral and neurotic troubles are less influenced by thermal and climatic conditions.

Pathological Anatomy.—As the disease in its simple uncomplicated form rarely proves fatal, opportunities for post mortem examination, uninfluenced by complication of other disorders have necessarily been rare. As a general rule increased redness of the mucous lining of the entire pulmonary apparatus will be found; with special appearance of this kind, and much excess of mucous secretion in the larynx and trachea and in the extreme terminal bronchial radicals. The evidences of marked development and congestion of the crypts or mucous follicles, of the larynx and upper portion of the trachea are well marked. The bronchial glands are likely to be found congested and enlarged. The lymphatic cervical glands become notably enlarged. Should complications arise, as indicated above, of course anatomical lesions peculiar to any one of such disorders will present themselves; as for instance, those of pneumonia, gastro-enteritis, cerebritis, diarrhoea, atrophy.

Symptoms.—These are usually ushered in by slight chilliness, followed by mild fever of short duration with decided manifestations of acute catarrh. Indeed for the first week it may be difficult to recognize any other qualities or character than those peculiar to a common "cold." The question as to identity or character is usually settled at the end of a week by the appearance of the pathognomonic *whoop*. Simultaneously with the occurrence of whoop in the cough we usually have a setting up of gastric irritability; so that each paroxysm of coughing terminates with a compound of watery mucous expectoration and vomiting. The cough is in paroxysms; beginning somewhat mildly or slightly it gradually increases in violence until the point of suffocation is almost attained. The

cough has a decidedly convulsive character; the muscles of the body became more or less rigid, the face becomes bloated and livid; the eyes suffused; the nose and mouth fill with the watery mucus. The little patient usually has a few seconds premonition or warning as to the approaching attack. Very young infants give notice by a dusky blushing of the face and a sort of a voluntary effort to ward off the attack by a temporary arrest of respiration. Older children in addition to these appearances lay hold of any stable object or means of support; or retreat into the arms of the mother or nurse for help and support. As a marked peculiarity of the disease, a paroxysm of coughing is readily produced at any time by whatever angers or incommodes the patient. This peculiarity is quite as diagnostic as the characteristic whoop. It should be borne in mind that the disease occasionally sets up and runs its course without the whoop. There is much proneness in the cough to appear during or just after the completion of a meal. At such times the finished or half finished meal is vomited up, and the patient returns to his platter and eats with a relish as if nothing had happened. Indeed there is usually more or less voracity caused probably by the waste or loss of food from vomiting. In simple uncomplicated cases the patient usually sleeps well except as hindered by the paroxysms of cough, retains flesh, activity and vivacity to a remarkable degree, considering the apparent violence of the symptoms and the temporary personal discomfort of the patient while coughing, vomiting and expectorating. While the disease is to a considerable extent self-limiting as to duration, it is nevertheless true that the matter of duration will be somewhat modified by the season of the year at which the symptoms occur. For instance, if they set up in the fall time the chances are that there will be some lingering remnant of symptomatic appearance during the entire ensuing winter; but should the onset be in

the warm perspirable weather of spring and summer time the probable duration will be much shorter.

The conditions of robustness, and delicacy, have likewise much to do with the matters of progress, duration and results; strong, hearty children bearing the process much better than those with feeble powers of resistance; such for instance as have a strumous or tuberculous diathesis.

The *whoop*, so characteristic and diagnostic in the disease, is supposed to depend upon a spastic condition of the glottis and epiglottis which hinders the atmosphere ingress through the air passage into the lungs.

Prognosis.—Should the child be robust, free from any constitutional taint, and escape the probable complications incident to the disease, the outlook may be regarded as decidedly favorable. But should the individual be of delicate or tainted organization, or fall into one or more of the various sources of complication; such for instance as diarrhœa, broncho-pneumonia, paralysis, laryngitis, convulsions or atrophy, the promise will be unfavorable; the danger greater or less in proportion to the nature and extent of such adverse complications.

Diagnosis.—Epidemic prevalence, symptomatic persistence, the peculiar whoop or stridulous sound as a feature of the cough, gastric irritability; together with the fact that a paroxysm of coughing may be provoked at any time by anger or annoyance of any kind, may be safely relied on as to the character of the case.

Sequelæ.—Certain results come in the immediate wake of this disease in occasional cases, which may prove a source of much embarrassment to the physician and even peril to the patient. These are strabismus, hydrocephalus, chronic bronchitis, chronic tonsillitis, partial aphonia, paralysis, debility.

Treatment.—It is here that homœopathy has won a pair of its brightest spurs. Until the time of Hahnemann medical practice had little or nothing better to offer in the treatment of

whooping cough than *palliation* from opiates expectorants and rubefacients. While the symptoms in common with other affections of a self-limiting nature, show a strong tendency to run a regular course as to progress and duration, we feel authorized in the light of personal experience to say that homœopathic treatment in many instances, so promptly and materially mitigates the symptoms, as to justify the claim, that we do sometimes *abort*; cut short the case. In the list of remedies we include such excellent ones as Belladonna, Drosera, Ipecac, Tartar emetic, Carrallio rub., Hepar sulphur, Kali bichromicum, Mercurius, Cuprum metallicum, Arsenicum.

Belladonna finds its place and opportunity in the earlier stage where we usually have fever, red eyes, flushed face with a general catarrhal condition of the eyes, nose, mouth and throat.

Drosera.—Succeeds Bell. well, for the spastic *whoop*, extreme violence and duration of the paroxysms threatening suffocation; worse after 12 o'clock at night; much vomiting of food and mucus; bleeding from the mouth and nose; is probably the nearest similitum for the disease in any or all of its stages.

Cuprum.—Paroxysms long-lasting and of great violence, followed by much exhaustion; much vomiting; rattling of mucus in the chest.

Hepar sulphur.—Dry spasmodic cough with soreness of the larynx in case strumous subjects; patients made worse by atmospheric exposure while uncovered; insist upon being muffled and well wrapped.

Ipecac.—Much dry suffocative cough, with blue face and muscular rigidity. Chest seems full of tough tenacious mucus which is not dislodged or relieved by coughing. Gastric irritability.

Tartar Emetic. Indications much the same as for Ipecac. But as a deeper acting remedy is preferable in serious, obstinate cases; especially where we find a tendency to complication with pulmonary inflammation.

Hygiene. An abundance of nutritious diet, suitable in kind and quantity, to the age and peculiarities of the patient, will be of the first importance, in order to meet the wear and tear upon the system from the symptomatic violence, and especially the constant loss of food from vomiting. Sleep in a well ventilated room at night, and much atmospheric exposure during the day will be of the first importance. A tepid bath should be given, and be followed by abundant frictions with the warm open hand of a robust attendant to secure reaction and a full cutaneous circulation and nerve energy. In the management of whoopingcough it should be borne in mind, that while the patient continues to cough, eat and vomit, the promise is favorable. But should the appetite fail, vomiting cease, and the cough continue with an appearance of fever the danger will be imminent and serious.

SOME GELSEMIUM CASES.

BY

GEO. W. WINTERBURN, M.D.,
New York.

Gelsemium is one of our most important optic remedies, and it has several times done me good service in removing the amaurosis caused by tobacco or by masturbation, or succedent to diphtheria; in protophobia from long continued exposure to sun or electric light; and choroiditis, with hyperæmia of the retina.

S. T. J., aged 39, a watchmaker by occupation, applied for treatment in June, 1878. His eyes felt weak and vision was blurred. The sight varied considerably, some days being nearly natural, and again dimmed almost to blindness. Indeed, at times the variation was noticeable from hour to hour. An ophthalmoscopic examination showed serous infiltration, a yellowish-red nodule being observable. The retina and nerve were also congested, and the lids slightly œdematous. The eyeball was very

sensitive to touch, free lachrymation taking place after the examination. He was given Gelsemium in the second trituration, two grains every four hours. No very decided improvement occurred during the first week, although the retina appeared less hyperæmic; but in the second and third weeks of treatment the choroidal infiltration disappeared, and the sight much improved. The medicine was continued in all about five weeks by which time his eyes had entirely recovered their usefulness and natural appearance.

Gelsemium is, I think, the best remedy we have for post-diphtheritic paralysis.

A remarkable instance of its power in this form of paralysis came under my observation in the spring of 1880.

R. B., aged 7, had had diphtheria the previous year. On recovery from the attack his voice remained rough and hoarse, and the vocal chords at times failed entirely to respond to the will. In the course of a month or six weeks this paralytic condition spread upward into the pharynx and deglutition, which had heretofore been properly performed, was seriously impaired; so seriously, indeed, as to prevent his eating any form of dry food. He could take gruel or any form of spoon-meats containing sufficient fluid to make them semi-liquid. With the exception of occasional nocturnal enuresis he seemed in the best of health. Mind active, and he progressed favorably at school. He was given Gelsemium, second trituration, two grains every four hours, and the paresis disappeared in less than a week, although it had lasted nearly a year.

In tonsillitis, with yellowish coating of the tongue, absence of thirst, compressible pulse, although the temperature may run high, Gelsemium surpasses Aconite in the celerity with which it controls all the symptoms. This condition is not the usual one in tonsillitis, and consequently it will be but rarely that it will have occasion to be prescribed here. The

following case presents the form to which these limits restrict it.

Miss T. B. L., aged 18, employed as a milliner, applied for treatment for lumps in her throat. These lumps proved to be enlarged tonsils. The throat was not sensitive; the tongue was coated yellowish white in the center with red edges, and trembled slightly when put out. Neither thirsty nor particularly thirstless. Pulse 90, even, easily compressible, full. Temperature (five o'clock in the afternoon) 103° F., but does not feel feverish. Slight catarrhal condition of the Schneiderian membrane; sleep disturbed the past two nights. Gelsemium, as in the previous case, removed the whole trouble in three days.

The value of Gelsemium in diarrhœa of nervous origin is well known.

Mrs. M. J. M., aged 23, previous health good, had an altercation with a person occupying the adjoining apartment. She had been greatly excited, and this was followed by depression amounting almost to hysteria. In the night she was suddenly seized with a violent diarrhœa. The stools were olive-green, watery, and hardly controlled by the will. There was not much pain, no thirst, slightly creeping chills in the back, temperature at six A. M., 99° F. I gave her tincture of Gelsemium, three drops in half a goblet of water, a teaspoonful after each evacuation. The mental symptoms as well as the bowel complaint were all removed in a few hours.

In hernia, especially when strangulated, Gelsemium can be used to great advantage. I was lately called to see a man who was suffering from inguinal-scrotal hernia. The original rupture had occurred many years ago, and he had grown exceedingly careless. When I first saw him about six or eight inches of the bowel, and a large mass of omentum was protruding, and had been in that condition more than eight hours. The physicians who had been attending him had given large doses of chloro-

form and morphia, but had been unable to make any progress in taxis and had abandoned the case.

When I was called his temperature was 101° F., and signs of inflammation were asserting themselves. I sent for assistance and administered Gelsemium in relaxent doses, that is I put a drachm of the green tincture in three ounces of water, and gave him teaspoonful doses every five minutes. This soon quieted the excruciating pain from which he was suffering and dilated the inguinal ring so that the protruding mass could be pushed upward and backward into the abdominal cavity.

In spermatorrhœa Gelsemium is of great utility, when the emission of semen occurs, either during the waking or sleeping hours, without an erection, or from irritability of the seminal vesicles. In a case of this sort it will do good. A young man comes to you complaining of great weakness. He trembles after only slight exertion. His work, whatever it may be, tires him. His appetite is variable and capricious; bowels irregular and inclined to costiveness. He says he wakes in the morning unrefreshed, mind dull, despondent, irritable. Of emissions he is utterly unconscious, and he is not troubled with voluptuous dreams. An examination of the urine will probably show the presence of spermatozoæ. If to such a case Gelsemium in tenth of a grain doses two or three times a day be given, you will soon be gratified with a marked change for the better in the patient.

In intermittent fever it will be found useful if the chilliness is especially along the back, with cold extremities, and very marked decrease in the frequency of the pulse; there is, however, little shaking, and the chill does not last long. This is followed by fever, with rapid pulse, but without thirst; flushed face, stupor, and severe pain in the back and extremities. The fever usually lasts for hours, sometimes as long as twelve or fourteen, and is accompa-

nied or followed by profuse perspiration. The quotidian type is the one most frequently calling for this remedy. In the condition known as "dumb ague," where there is much soreness in the muscles, great prostration, and violent headache, Gelsemium and Canchalagua in equal proportions, thoroughly triturated together, I have found a most valuable remedy. In the early stages of typhoid; in intermittents following typhoid; in irritative fever from abscesses; in acute muscular rheumatism; in scarlet fever and other irruptive fevers of children, when there is a tendency to convulsions or retrocession of the rash, Gelsemium will be found useful. But especially in what is known as "infantile remittent," which although it may be denied as a pathological entity, is certainly a clinical reality, I have seen the most gratifying results from the use of this medicine.

This is shown in the following case:

Mrs. E. F. S. has suffered from intermittent fever for some time, and her present condition is this: About eight or nine o'clock each morning her hands and feet grow very cold. This feeling may extend all over the body, but does not usually rise above the elbows and knees. There is no chattering, no desire for external warmth, no thirst. She feels very weak and wants to lie down. This stage lasts from half an hour to an hour. Gradually the fever rises, being first felt in the face, which is flushed. By three o'clock the temperature is 103° F., and by seven o'clock 106° F.; the pulse is rapid but soft; her mouth is dry, still she does not want to drink; and she complains of pain in her back and in the umbilical region. This condition persists until after midnight or near morning, when the fever is followed by clammy, sticky perspiration and severe headache. Gelsemium removed all the symptoms and restored her to complete health in about two weeks; each succeeding

day the fever being less severe, and rising only to 100° after the fifth day of treatment.

INTUSSUSCEPTION.

BY

M. M. WALKER, M.D.,

Germantown, Pa.

By intussusception is meant the prolapse or slipping of a tuck of intestine into the cavity of the portion of the intestinal tube immediately below it wherewith it is continuous. Intussusception may be illustrated by stripping a kid glove hastily from the hand till near the ends of the fingers, then suddenly returning it partially to its place, the fingers of the glove will be shortened by three thicknesses of the kid remaining upon the fingers of the hand in a manner similar to invagination of the bowels.

The immediate effects of this accident are partial obstruction of the bowel and a hindrance to the circulation of the blood in the two cylinders of the bowel displaced, to which the stretched and constricted portion of mesentery belong. A swelling takes place immediately, owing to the compression of the innermost tube by those external to it. The point of entrance is the place more tightly encircled owing to the contact of the two outer layers. The obstruction is not always complete, for in most cases fecal matters pass, and often in large quantities.

The tissues of the two inner tubes become black or brown owing to the congestion of the bloodvessels and escape of blood into their substance. At a somewhat later period coagulable lymph is poured out upon the surfaces of the middle and internal layers and an agglutination may take place along their whole length. The invaginated tubes may remain a long time in this condition, gradually become gangrenous, later separate and then are discharged per anum.

Intussusception is generally an accident of sudden occurrence in con-

nection with some violent spasmodic action of the portion of bowel which becomes prolapsed. It takes place in consequence of paralysis of a short portion of the intestine associated with vigorous peristaltic action of the intestine just below, resembling a prolapsus recti succeeding violent tenesmus of the anus.

Lumbrici are thought to produce intussusception occasionally, and some writers consider that polypi may have the same effect. A small portion of the bowel only is at first involved, it rapidly increases in size owing to the active peristaltic movements of the several segments engaged, until the length of bowel engaged may vary from a few inches to three or four feet.

Intussusception is more frequent in childhood than among adults, and is more than twice as common in males as in females. Intussusception is frequently met with in post-mortem examinations, two or three in number being found in the same individual where no symptoms of the accident had been present during life, they are generally only an inch or two long and are always found in the small intestine. It is possible for slight intussusceptions to take place during health and to be reduced spontaneously. Intussusceptions which prove fatal may take place in any portion of the bowels. Out of 100 fatal cases, according to Dr. Brinton's figures, 4 are jejunal, 28 iliac, 56 ileocæcal (involving the cæcum together with the ilium and colon) and 12 colic, originating in and involving the colon only. Jejunal intussusception is generally found in adults. Strangulation and congestion are most speedy and intense and sloughing and separation of the strangulated part are the most frequent. The length of bowel involved may be several feet, but as a general rule intussusceptions of the large intestines are the longest.

Ileocæcal invagination occurs largely among young children. Strangulation is more rare in this

portion of the intestine, consequently sloughing and discharge of the invaginated tissues are less common.

Of thirty-five cases of discharge of bowel per anum, collected by Dr. Thomson, sixteen appear to have recovered perfectly, and nineteen died after a longer or shorter interval, and out of nineteen collected by Dr. Peacock, in which the result is mentioned, nine made a good recovery, five still suffered from symptoms indicative of obstruction, and five died subsequent to the discharge of bowel, at intervals varying from forty days to thirteen years. According to the latter writer in most patients the discharge took place in the sixth or seventh day, and in most the discharge took place before the twentieth or thirtieth day, and sometimes the bowel has not passed for some months or a year had elapsed. The symptoms are ushered in suddenly with violent colic, followed by vomiting, especially in children, if the lesion be high up. Diarrhœa sets in, continuing until the bowel below the lesion is emptied. The stools are mixed with blood which oozes from the compressed portion of the intestine; lastly, the evacuations are of bloody mucus, with violent tenesmus, which appears earlier and is more intense the nearer the intussusception is to the rectum. If the accident happens to be in the large intestine, actual strangulation occurs more rarely, and the case becomes more protracted, the paroxysms are ill-defined in these cases, spasmodic pains are more slight and at larger intervals. Constipation may exist in the beginning or occur from time to time; there is more or less vomiting, as the case progresses the vomiting becomes more and more incessant, and possibly stercoraceous, blood and mucus are discharged in greater or lesser quantities, and dysenteric diarrhœa may set in. The patient who has been getting more and more emaciated for three or four months may die from simple exhaustion. The urine may be suppressed

or diminished if the obstruction is in the small intestine, not so likely to be the case if the large intestine is involved. The tumor, sausage like in character, may be felt in the abdomen, or occasionally the invagination may be found so low down as to be detected by the finger in the anus.

Peritonitis may set in from perforation of the bowel and complicate the case. Dr. Brinton estimates that the average duration of cases directly fatal is five and a half days.

All purgatives are hurtful. Inflation of the bowel when the intussusception involves the large intestine, if produced at an early stage of the disease, is useful. The best enemata are simply those of warm water at a temperature of about 90 degrees F. Surgical interference is frequently curative. Dr. Ashurst shows that out of 74 cases in which laparotomy for intussusception was performed 24 recovered and 50 died, a mortality of 67.57 per cent. Dr. G. D. Beebe, of Chicago, removed 48 inches of intestine from a strangulated umbilical hernia in a pregnant woman 40 years of age. Twenty-seven days after the operation he closed the artificial anus, the woman recovered and gave birth to her child at term, over four months afterward. The treatment in these cases should be both mechanical and medicinal, our homœopathic remedies having such a desirable effect in reducing the inflammation.

Dr. Frank H. Hamilton recommends posture, elevation of the hips as aiding the reduction of the obstruction of the bowels. I have heard of a soda-water siphon bottle attached to the anal end of a rubber syringe as being effective, also attaching a hose direct with a water spigot and allowing the water department to reduce the invagination.

The celebrated Dr. Nuck attached copper cups six inches in diameter to an air pump, and applied these over the abdomen successfully.

Injections of air by means of an

ordinary bellows, attached to an œsophageal sound until a considerable abdominal tension and the desired effect was produced. (Prof. Raue). Dr. W. Danforth procured in a desperate case the same effect by injecting one ounce and a half of soda, dissolved in a pint of water, and followed by the injection of a dessert spoonful of tartaric acid in a cupful of water. The thus suddenly generated gas untied the knot. The injection of brewers' yeast has also, it is said, been effective.

THERAPEUTIC HINTS.

Those remedies under enteritis, hernia, ileus or miserere are to be consulted. Acon., Bellad., Nux vom., Opium, Plumb., Thuja and Verat. alb. are first to be thought of; others as well must be studied out and the single remedy carefully selected.

Apomorphine. Qualmishness, nausea, vomiting and retching.

Vomiting in from three to eight minutes.

Convulsive movements of the stomach.

Præcordial pain. Salivation.

A feeling of nausea coming on at intervals, especially after taking food; no pain, clean tongue, and no headache.

Sudden vomiting, almost without nausea; vomiting of food, mucus, rarely of bile.

Aconite. Colic forces him double, relieved in no position, inflammatory symptoms after a cold.

Burning, cutting, darting in the bowels, worse from the least pressure or lying on right side.

Abdomen hot to touch, distended, sensitive; paroxysms of anguish.

Meteorism, vomiting, inability to urinate.

Cutting extending in a circle from spine to abdomen.

Arsenicum. Violent pains in abdomen, with great anguish, has no rest anywhere, rolls about on the floor, and despairs of life; abdomen distended and painful; rumbling in the bowels; cutting in the abdomen.

Intense anxiety and restlessness, worse at 3 A. M.

Dread of death when alone or on going to bed.

Belladonna. Pain in right ileo-cæcal region ; cannot bear any touch ; clawing around the navel ; vomiting, can keep nothing down, is pale and weak.

Violent cutting pressure in the hypogastrium, now here now there.

Carbo veg. in slow cases, when other remedies have failed, and the pulse is intermitting.

Colocynth. Neuralgic pain in the bowels ; has to bend double, being worse in any other posture ; great restlessness and loud screaming on change of position ; worse at intervals of every five minutes.

Cuprum. Colic not increased by pressure. Intussusception of the bowels, with singultus, stercoraceous vomiting and great agony ; abdomen drawn in.

Lobelia inflata. Endorsed by Marcy & Hunt. Flatulent rumbling in the abdomen, with pain, worse after eating. Gripping and drawing pain in the abdomen.

Pain in the right hypochondrium, with distension of the abdomen and shortness of breath.

Nux vom. Quick spasmodic pulse and hot skin ; irritable, sullen and quarrelsome mood.

Clawing, cramping pains in the stomach ; pressure under the short ribs, flatulent colic, with pressure upward, causing dyspnœa and downward, causing urging to stool and urination.

Opium. Constipation, vomiting of fecal matter, excessive thirst, distended abdomen, painful to the touch ; crampy motions of the intestine, at times like a rolling up of a hard body in right hypochondrium ; frequent hiccough ; small frequent pulse ; cold extremities ; distorted face.

Squeezing pains as if something were forced through a narrow space, shooting pains into testes and bladder ; restless, anxious, changing position ; bowels seem absolutely closed

but with constant urging to stool and urine.

Plumbum. Intussusception with colic and fecal vomiting ; constriction of the intestines, navel violently retracted ; abdomen as hard as a stone, knots in the recti muscles ; anxious, with cold sweat and deathly faintness. Anus feels as if drawn upward.

Thuja. Ileus, spasmodic stricture, as if something alive was pushing out ; ineffectual urging to stool, with erections ; sweat only on uncovered parts, and only when asleep ; stops when he wakens.

Verat. alb. Colic : Burning, twisting, cutting pain, with nausea and vomiting, worse from food, better after wind passes ; cold skin ; cold perspiration ; small, spasmodic pulse, restless and anxious. Intussusception of the bowels ; great anguish ; rushes about bent double, pressing the abdomen.

Wants cold drinks, drinks frequently, but little at a time.

CASES OF CHOLERA.

BY

AMAR CHAND MUKERJEA, M.B.

Calcutta.

The following meagre report of cases of cholera, occurring in my practice during a period of six weeks, shows clearly the decided advantage, which homœopathic treatment possesses over that of the old school in this dire disease.

CASE I. Hari Das, aged 34, a fisherman by caste and of strong stalwart frame, was seized with vomiting and purging, on the morning of the 9th March 1884. A quack was called in, who prescribed bismuth and laudanum with chalk mixture, every two hours, and a diffusible stimulant mixed with half a drachm of brandy in each dose every hour. Notwithstanding these measures, the patient gradually grew worse, and when I was called at 5 P. M. I found the extremities cold, pulse very weak, intense

burning sensation in the epigastric region, agonizing spasms of the legs and feet, and violent vomiting and frequent scanty rice-water-like purging. I ordered Ars. 3, every hour and Cuprum met. 6, every half an hour, with directions to stop the latter, as soon as the spasms subsided, and to give the former at larger intervals on the gradual improvement of the symptoms.

10th March, 7 A. M. The pulse decidedly improved, spasms were relieved after two doses of Cuprum. Had only six scanty motions at night, urine still suppressed, extremities of normal temperature, no more vomiting but very troublesome hiccough. Took only five doses of Ars. during the night and two doses of Cuprum. I stopped Ars. and prescribed Canth. 3, every three hours, and Bell. 3, every two hours, and ordered barley-water iced, in one ounce dose, every three hours.

6 P. M. Had two thin bilious stools; stomach still irritable; urine still suppressed; no more hiccough but troublesome vomiting; Cont., Canth., omit Bell; ordered Ipec. 3, every two hours.

11th March made water at 3 A. M.; vomiting less; feels better; continue Canth. and Ipecac. every six hours; ordered Gandal soup and barley-water.

12th March. Doing well; no medicine.

CASE II. Babu Chandra Nath Bose's daughter, aged 25, of weakly constitution, was seized with vomiting and purging at 9 A. M.

10th March. As she had been a victim to dyspepsia and had been subject to attacks of a similar nature, many a time before, she did not care about it, till she became quite prostrate and began to be affected with cramps of the extremities. I was called at 2 P. M. and found the pulse very weak, stools and vomited matters distinctly choleraic, and the extremities getting cold. Prescribed Ars. 3, every two hours and Cuprum met. 6, every hour.

9 P. M. Pulse quite imperceptible at the wrist; body bathed with perspiration; abdomen tympanitic, no stool since 7 P. M., vomiting very troublesome, extremities quite cold, extreme dyspnœa; omit Ars. and Cuprum; ordered Carbo v. 6 and Acid hydrocyanic 6, every hour or half in alternation.

11th March, 7 A. M. Tympanites relieved after two or three motions at 2 A. M.; pulse slightly perceptible at the wrist, extremities still cold; the stools, which she is passing every hour or two, are still choleraic; getting cramps now and then; omit all, ordered Arsenite of copper 6, every two or three hours.

7 P. M. The stools are bilious and small in quantity; pulse fairly perceptible at the wrist and the extremities are of normal temperature. Omit Arsenite of copper; to have Canth. 3, every three hours.

12th March, 7 P. M. Made water at 2 A. M., feels better; prescribed China 3, thrice daily.

CASE III. Babu Raghu Nath Pal's brother, aged 30, a dyspeptic, was attacked with cholera at 11 A. M. 21st March. Within the hour of my first visit at 3 P. M. he had passed five copious stools and had vomited four times. I found him suffering from some cramps in the extremities (which were very cold to the touch) and an excruciating burning pain in the epigastrium, his body bathed with perspiration, pulse barely perceptible at the wrist, eyes deeply sunk in their sockets, voice almost inaudible and urine suppressed since 1 P. M.; the stools were scanty, but passed almost every twenty minutes and vomiting every now and then. Prescribed Ars. 3 and Cuprum met. 6, every hour in alternation.

7 P. M. Had no motion since 6 P. M., the abdomen tympanitic; pulse quite imperceptible at the wrist; extreme dyspnœa and pain in the præcordial region. Omitted Ars. and Cuprum; ordered Carbo v. 6 and Acid hydrocyanic 6, every half hour in alternation.

9 P. M. The collapse getting more profound ; the dyspnœa rather on the increase ; I omitted Acid hydrocyanic and ordered Cobra 6, in alternation with Carbo every half hour.

10 P. M. Babu Gopal Chandra Mitter, a medical practitioner of Howrah, came to see the patient and advised to apply a mustard plaster over the cardiac region and to go on with the medicines as before.

11 P. M. Seeing no benefit from Cobra we recurred to Hydrocyanic acid. administering it every twenty minutes in alternation with Carbo.

12 P. M. Babu Behari Lal Bhaduri, L.M.S., of Calcutta, was called in and he advised to go on with the same medicines till 2 A. M., after which if no improvement would take place, Antim. tart. to be tried ; unfortunately the patient died at 1½ A. M.

CASE IV. Naran Das, a boatman, was attacked with cholera on the morning of the 23rd March and was placed under my treatment at 9 A. M. I found his pulse faintly perceptible at the wrist, extremities cold ; the evacuations profuse, choleraic ; ordered Verat. 3, every hour.

9 P. M. Reaction set in after evening, extremities warm, pulse fairly perceptible at the wrist ; omit Veratrum ; to have Canth. 3, every three hours.

24th March 7 P. M. made water at night, doing well.

CASE V. A strolling Kabulese, aged 25, of strong constitution and robust frame, was attacked with cholera on the morning of 26th March and was brought to me at 8 A. M. His friend stated that he had passed three stools, each measuring about a pint and a half and looking like pure water, and had vomited twice. I found his pulse very weak, eyes sunken, and voice hoarse ; ordered Veratrum 3, after each motion.

5 P. M. Had only three motions, less in quantity, pulse a little improved. Omitted Verat. and ordered Canth. 3, every three hours.

27th March. Made water in the morning, doing well.

CASE VI. Hara Chandra's daughter, aged 25, in the fifth month of gestation, was attacked with cholera on the morning of the 30th March. I first visited her at 8½ A. M. when I learnt that she had five or six watery motions and had vomited thrice. I found her perspiring much and very restless, pulse very weak, almost imperceptible. Ordered Ars. 3 and Veratrum 3, in alternation, every hour.

4 P. M. Symptoms much the same ; pulse quite imperceptible at the wrist, abdomen a little tympanitic. Omitted Veratrum 3, ordered Ars. and Carbo., every hour, in alternation.

10 P. M. Tympanites gone, pulse faintly perceptible at the wrist.

31st March 7 A. M. Pulse decidedly improved ; extremities warm ; had three motions after midnight, urine still suppressed ; omitted all and ordered Canth. 3, every three hours.

5 P. M. Had five motions still choleraic since morning. Made water at 2 P. M. Pulse a little weak and the extremities getting cold. Cont. Canth. 3, every four or six hours and Ars. 3, after each stool.

1st. April 7 A. M. A little hæmorrhage from the uterus ; diarrhœa much the same, but the stools are a little bilious ; urine quite free. Ordered China 3, after each stool. Diet, barley-water.

2nd April. Was informed at 2 A. M. that the patient has grown very restless, is talking wildly, throwing off the bedclothes. Ordered Bell. 3, every hour till the abatement of these symptoms.

9 A. M. Three doses of Bell. 3, calmed the patient, diarrhœa much the same, pulse better but the patient is a little drowsy. Ordered Baptisia tincture, every 3 hours with directions to give Bell. 3, if required.

3rd April. Doing much the same ; no more delirium but the patient is feverish and drowsy and cannot be easily roused.

4th April. The sopor is less but the diarrhœa is rather wasting. Omitted Baptisia and ordered Acid phosph. 6, every 4 hours.

5th April. No more diarrhœa; aborted at 3 A. M. ordered China 3, every 6 hours.

6th April. Had measly eruptions all over the body; is little feverish; no medicine.

8th April. Is all right.

Case VII. Preo Nath Mal's mother, aged 55, had four copious watery motions from the morning of the 31st March to 11 A. M., when I saw her first. I found her perspiring a good deal, but the pulse still unaffected. Passed another stool in my presence which was choleraic and measured about two pints; the urine suppressed since 7 A. M. Ordered Veratrum 3, after each stool.

10 P. M. Had only two motions, still choleraic, since I saw her last; but the stomach very irritable.

1st April. The pulse weak; urine still suppressed; stools scanty; extremities of normal temperature; ordered Ars. 3, after each stool.

2nd April. Made water at night, doing well.

Case VIII. I was called in to see Damory's child, aged 9, who was seized with cholera on the morning of the 1st of April. Before my visit at 7½ A. M. he had vomited twice and had passed six copious rice-water stools. Pulse very weak; has not passed urine since 3 A. M.; ordered Verat. 3, M ½. after each motion.

12 A. M. Had four scanty choleraic motions; intense thirst and burning pain in the epigastrium. Pulse weak; omitted Veratrum and ordered Ars. 3, every hour.

6 P. M. No motion since 2 P. M., slight tympanites; extremities cold; pulse almost imperceptible. Ordered Carbo 6, every ½ hour.

10 P. M. Symptoms much the same, pulse slightly perceptible at the wrist; no motion; continue Carbo, every 2 or 3 hours.

2nd April. Had three motions at night, still choleraic; pulse fair, extremities warm, no more tympanites; omitted Carbo and ordered Canth. 3, every 3 hours.

3rd April. Made water at night, doing well. Ordered China 3.

Case IX. Kapil's son, aged 25, was attacked with cholera on the morning of the 8th April. At my first visit at 9 A. M. the patient was in collapse with an almost imperceptible pulse and violent cramps in the extremities; ordered Ars. 3, every hour and Cuprum met. 6, every ½ hour till the relief of the spasms.

12 A. M. Skin cold and clammy, tympanites, pulse imperceptible; dyspnœa; ordered Carbo 6 and Acid hydrocyan. 6, in alternation, every hour.

6 P. M. Sinking fast; died at 7 P. M.

Case X. Preo Nath Mal's child, aged 1½, had five watery motions and had vomited thrice since the morning of the 4th of April till 10 A. M. when I was first called; ordered Ipecac. 3 M¼, after each motion.

5 P. M. Had only two motions, no vomiting; passed urine at three P. M.

Case XI. Gour, aged 10, was attacked with cholera on the morning of the 4th of April and was placed under my care at 10 A. M. He had three motions since morning, each measuring about a pint. Pulse very weak, intense thirst and cold perspiration on the forehead; ordered Verat. 3, after each stool.

6 P. M. Had only two motions since I saw him last, but tympanites has supervened, pulse almost imperceptible; ordered Carbo 6, every hour.

10 P. M. Pulse a little improved, tympanites less; passing scanty motions, urine still suppressed, ordered Carbo in alternation with Ars., every 2 hours.

5th April. Urine still suppressed; skin warm; pulse good; ordered Canth. 3, every 3 hours.

6th April. Doing well, China 3.

Case XII. Babu Preo Nath Ghose's niece, Giri, aged 12, of healthy constitution, was seized with cholera on the morning of the 2nd April. Till the hour of my first visit at 9¾ A. M. she had three copious

rice-water motions and had vomited twice. I found her pulse very weak, body perspiring, severe cramps in the extremities, voice hoarse, and urine suppressed. Prescribed Verat. 3, after each motion and Cuprum 6, every $\frac{1}{2}$ hour for the relief of the spasms.

12 A.M. Pulse weaker; passing scanty frequent stools with burning pain in the epigastrium; extremities getting colder; ordered Ars. 3, every hour.

5 P.M. Pulse imperceptible; tympanites; frequent scanty motions; ordered Ars. and Carbo, in alternation, every hour.

11 P.M. Pulse faintly perceptible at the wrist; other symptoms much the same; continue the medicines, every 2 hours.

3d April, 7 A.M. Extremities warm; pulse fair; frequent ineffectual desire to urinate; ordered Canth. 3, every 2 hours.

10 P.M. Much the same; no urine; had four scanty bilious stools since morning. Ordered Canth. 30, every 3 hours.

4th April, 7 A.M. Urine still suppressed; doing much the same; ordered Terebinth. 30, every 2 hours.

10 P.M. Made water thrice, first at 3 P.M. Conjunctivæ injected, pulse free and frequent, a little delirious; ordered Bell. 3, every 3 hours.

5th April. Diarrhœa troublesome; and ten bilious stools at night, has made water thrice; a little drowsy, eyes still congested; ordered Acid phos. 6, every 3 hours.

6th April, 7 A.M. Had six copious, thin, bilious stools at night; still more drowsy; ordered Verat. 3, every 3 hours.

10 P.M. Involuntary evacuations; rolling the head from side to side; delirium, stupor, with half-closed eyes and dilated pupils and grinding of teeth. Bell. 3, every 3 hours.

7th April, 7 A.M. Doing much the same; ordered Bell. 30, every 4 hours, and Sulph. 30, as an intercurrent remedy, every 6 hours. Diet, milk with barley (hitherto she had been fed merely on barley-water).

8th April. Feels better, consciousness returned; cont. the medicine, every 8 hours.

9th April. No head symptoms; measly eruptions all over the body; omit all.

11th April. Is all right.

CASE. XIII.—Tarini Mal, aged 30, a laborer by occupation, was seized with cholera on the morning of the 7th April, and was placed under my treatment at 12 A.M., when I found him passing choleraic stools almost every quarter of an hour and vomiting every now and then; pulse very weak, almost thready, body bathed with perspiration; voice thick and hoarse; and cramps very severe; ordered Ars. and Veratrum 3, in alternation, every hour.

5 P.M. Extremities icy cold; intense pain over the præcordial region; dyspnœa, pulse quite imperceptible; ordered Acid hydrocyan. 6, every $\frac{1}{4}$ hour. The patient died at 7 P.M.

CASE XIV. Babu Preo Nath Ghose's baby, aged one week, was seized with cholera on the morning of the 10th April. Ars. 3 and Verat. 3, m $\frac{1}{8}$ each, were given in alternation, every hour.

10 P.M. Extremities cold, pulse imperceptible, tympanites, dyspnœa, passing motions every now and then. Ordered Carbo and Acid hydrocyan., in alternation, every $\frac{1}{2}$ hour; the patient died the next morning.

CASE XV. Babu Preo Nath Ghose's wife, aged 20, in the puerperal state, had three copious watery motions and had vomited once since the morning of the 10th April till 7 A.M., when I saw her first, and prescribed Veratrum 3, after each motion.

5 P.M. Had three motions, still of the rice-water character; pulse fair; urine still suppressed.

11th April. Morning. Could not get any report owing to the death of her children.

5 P.M. Doing well; ordered China 3.

CASE XVI. Babu Preo Nath Ghose's daughter, aged 5, was seized with cholera on the afternoon of the

10th of April, 1884. When I saw her first at 5 P.M. she had five loose bilious motions and had vomited several times. Gave Ipec. 3, every hour.

9 P.M. Pulse very weak, extremities cold; ordered Ars. 3, every hour.

11th April, 2 A.M. Body very hot but the extremities icy cold, pulse hard, full and very frequent; is delirious, tries to get out of bed. Ordered Bell. 3, and Canth. 3, in alternation, every 2 hours.

The patient died at 6 A.M.

CASE XVII. Madhab Das's niece, aged 20, was attacked with cholera on the morning of the 13th April and was placed under my treatment at 11 A.M. I found her passing choleraic stools in large quantities almost every hour, and vomiting every now and then, getting cramps in the extremities and pulse very weak. Ordered Verat. 3, after each motion, and Cuprum met. 6, every half hour till the relief of the spasms.

5 P.M. Had only five motions since I saw her last, the motions are scanty; no more cramps, burning pain in the epigastrium, pulse almost imperceptible; extremities cold; ordered Ars. 3, every hour.

10 P.M. Pulse faintly perceptible at the wrist, a little tympanites; ordered Carbo in alternation with Ars., every 2 hours.

14th April. Pulse fairly perceptible at the wrist, extremities still cold, diarrhoea persistent still. Ordered Ars. in alternation with Canth. 3, every 3 hours.

15th April. Passed urine yesterday five times, first at 2 P.M. Doing well, ordered China 3, every hour.

CASE XVIII. Babu Nobin Chandra Ghose's father, aged 75, had five watery motions and had vomited twice since the afternoon of the 15th April till 11 P.M., when I saw him first, the stools were choleraic, the urine suppressed, but the pulse fair. Ordered Veratrum 3, after each stool.

16th April, 7 P.M. Had only three motions at night, urine still suppressed; ordered Canth. 3, every 3 hours.

17th April. Diarrhoea still persist-

ing, but the stools are bilious; passed urine, pulse good; ordered China, after each stool.

CASE XIX. Madhu Sudan Pal, aged 32, had five watery motions from the morning of the 16th of April till 8 A.M., when I saw him first; pulse good, urine suppressed; ordered Veratrum 3, after each stool. He was all right after three doses.

CASE XX. I was called in to see Nitai, aged 5, at 3 A.M., 19th April, who had vomited once and had passed copious watery motions within an hour, pulse a little weak; ordered Veratrum 3, every hour.

10 A.M. Had two scanty motions; urine still suppressed; pulse weak; ordered Ars. 3, every 2 or 3 hours.

20th April. Passed urine yesterday, is doing well; ordered China 3, every hour.

CASE XXI. Babu Nabin Chandra Ghose's child, aged 1½, was attacked with cholera on the morning of the 19th April. I saw him first at 7 A.M. and found him passing choleraic stools and vomiting every now and then; pulse very weak; extremities getting cold; ordered Ars. 3 and Verat. 3, in alternation, every 2 hours.

5 P.M. The stools are less in quantity; pulse imperceptible; extremities cold; omit Verat. 3, cont. Ars. every hour.

10 P.M. Symptoms much the same; a little tympanites and the extremities cold; ordered Ars. and Carbo in alternation, every 2 hours.

20th April, 7 A.M. Pulse fair, diarrhoea much the same; extremities still cold; urine suppressed; ordered Canth. 3 and Ars. 3, in alternation, every 3 hours.

10 P.M. Made water at 3 P.M.; intense thirst; eyes congested; head hot, but the extremities cold; pulse hard and small, rolling the head from side to side; ordered Bell. 3, m ¼, every 3 hours.

21st April. The child lay throughout the whole day in a half dozing state, with the eyelids half-closed, the eye-balls turned upwards, so that nothing but the congested sclerotica

was visible; skin warm and dry; extremities cold; pulse frequent with subsultus of the tendons of the wrist, abdomen tympanitic; ordered *Cicuta virosa*, every 2 hours.

22nd April. I was called in haste at 5 A. M. to see the child, who had a fit and had turned quite rigid. I found him in a soporose condition, with the pulse slow and full, abdomen tympanitic, body quite cold and rigid, pupils contracted. Ordered *Opium* 3, every 2 hours.

23rd April. In the same state as before, the child seemed almost half dead, with complete apathy for surrounding objects. Ordered *Opium* 30, every 4 hours and *Sulph.* 30 as an intercurrent remedy, every 6 hours.

24th April. No more rigidity of the limbs, the head hot with the hands and feet cold; rolling the head from side to side; profound lethargy with congested half-opened eyes, dilated pupils and purulent secretion from the conjunctiva. Bowels loose, passing green slimy stools; ordered *Bell.* 30, in alternation with *Sulph.* 30, every 4 hours.

25th April. *Diarrhœa* less; stools more feculent, head symptoms much the same. *Cont. Bell.* 30 and *Sulph.* 30, every 6 hours; to have milk with barley.

26th April. Is a little conscious; the sopor is less; conjunctiva quite clear; omit *Bell.* and *cont. Sulph.* 30, every 6 hours.

27th April. Doing well; bowels costive; ordered *Nux v.* 30, every hour.

29th. Is all right.

(*To be continued.*)

OPERATION TO REMOVE FIFTEEN FATTY TUMORS.

E. W. CHARLES, M. D.,

Nevada City.

Mrs. Charles Jansen, of this city, consulted me on account of a large bunch on right side extending from ear downwards nearly to the clavicle. My diagnosis was Fibroma or Fatty Tumors, and advised their removal.

She said she had consulted three allopathic surgeons here and they diagnosed enlarged glands, and advised they be let alone. I then showed her two newspaper accounts of similar operations made here, in one case removing *thirteen*, and another, five tumors in same locality, and told her of a third case, from whom I removed six, and all involving same tissues or locality, save two on left side and one on right side of neck, all made in this county. She at once consented to an operation, which was set for March 27th. There being no Homœopathic M.D. in the county I called on Dr. Jameson, a *very skillful* young allopathic surgeon, one of Prof. Lane's students, and he does credit to the Professor's teaching, and Dr. S. M. Harris, both of our neighboring town, Grass Valley, to help me; Dr. Jameson being my right hand man with the bull-dog forceps, ligatures and sponges. I began my incision under the ear carrying it downwards and forwards about on the line of the anterior edge of the sterno-cleido mastoid, extending to the superior edge of the omo-hyoid carrying it through the integument, superficial fascia and platysma-myoides I came upon the growths, thirteen in number, from the size of a hen's-egg to a hickory nut. I soon found I had the most difficult surgical task I had ever undertaken. The connective tissue instead of being readily broken up by the handle of the scapel was *fibrous*, and had to be dissected every hair's breadth, which I found a little difficult, and required considerable care, when I got down to the external carotid, from the sheath of which I had to dissect my growths for two and one-half inches. The only artery I was obliged to ligate was the occipital, which passed directly through one of my tumors. When I got through I had a very pretty dissection of superior carotid triangle. I brought my wound together by silk sutures, bringing the ligature which tied the occipital artery out at the lower angle of the wound,

thereby furnishing nice drainage. I put the patient on Aconite Rad. and Calendula mixed. The wound united by first intention its entire length, (about five inches) save about one-fourth inch where the ligature from the artery came out. The third day patient was up and dressed; had not had any pain. On the fourth day I removed all the stitches; the 8th, the ligature on occipital artery came away and the wound closed without trouble. The patient was in the office to-day, the 7th, just eleven days from the operation, well. Our Old School brethren poke fun and growl at Homœopathic pellets, and cry quack, etc., but don't know what to do or say when the Homœopath's scalpel gets away with them.

I report another case for its novelty.

Called to see Mrs. T., nearly *seventy* years old; found her up and looking well—was therefore surprised, and more so when she reported that just twenty-eight days previous she had menstruated as regularly as ever before, and as at this time, without any untoward symptoms. I analyzed my case closely and am satisfied that it was not a hæmorrhage of any character, but normal menstruation. This is the second case which has come under my observation in the past twenty years. The other, a Mrs. W., who after the age of sixty began to menstruate regularly and continued to do so for three years, her gums soon began to be sore—she had artificial teeth and was obliged to take them out, and she cut a full set of milk teeth.—*Cal. Hom.*

ABSTRACTS.

CINCINNATI BOARD OF HEALTH.—A new board of health has been appointed by the city council of Cincinnati, Ohio. There are six members. Five are saloon keepers and the sixth is a so-called doctor, a frequent patron of the saloons, who advertises to cure the opium habit, restore lost virginity, etc.—*Detroit Lancet*.

Cincinnati is possibly too virtuous

to furnish this doctor enough to do, at his regular calling. In some places, one possessed of his attainment would find plenty to do without burdening himself with the duties of any board of health.

FOREIGN BODY IN WOMB.—Dr. W. M. Logan reports, *Cincinnati Med. News*, an obstinate case of womb disease which resisted a great variety of treatment from diverse doctors none of whom were permitted to verify the diagnosis by local examination till there was marked prostration and well-defined indications of tubercles in the lungs. The vaginal examination disclosed the presence in the womb of a wire nearly three inches in length, somewhat bent, only a very small portion being visible at the os. The wire was removed and the patient soon recovered, and became quite healthy. The woman was married but the doctor does not report how the wire came in the womb.

TONSILS BY THE BUSHEL.—Dr. J. P. Tompson of Indianapolis is credited with stating at the recent meeting of the American Medical Association at Cleveland, that he had excised two bushels of tonsils. Dr. W. N. Williams estimates, *Med. Record*, a tonsil to average half a cubic inch, and consequently the number to a bushel would be 4,300. The worthy Dr. Tompson must have removed 8,600 tonsils which at one a day would take 23 years, 6 months and 25 days; if two per day, 11 years, 9 months and 12½ days. The statement of our worthy Indianapolis friend, being made in such august presence, is worthy of the utmost credence, and places him on the pinnacle of fame as a tonsil-otomist. Who speaks next?

A secular contemporary wants to know if Heidsick would not be a good remedy in a case of measles. Its use would certainly be homœopathic, but most practitioners, we think, would be disposed to look upon such treatment as rather teutonic.

THE

AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor :

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors :

Profs. S. P. Burdick, E. M. Hale, E. C. Franklin.
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood. Drs. G. N.
Brigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millsaugh, Mrs. J. G.
Brinkman, Mrs. Julia H. Smith.

Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless endorsed in our editorials.*

SUBSCRIPTION, \$2 per year, in advance. For accommodation of subscribers, this journal is not discontinued until an order is received to that effect.

Remittances may be made by Post Office order, check or inclosed in a Registered Letter, at our risk.

A. L. CHATTERTON PUB. CO.,

New York.

EDITORIAL.

Our thanks are extended to Dr. Millsaugh, of Binghamton, for the report of the State meeting published herewith.

* *

Italy is just passing through a severe epidemic of cholera, and is suffering even more severely from the fear of cholera. But worse than the disease, or the fear of it, is the prejudices and suspicions, the selfishness and cruelty of the ignorant populace, which so nearly paralyzes every effort to repress the disorder. To read the accounts, as they come to us in the daily prints, is like turning back the page of history a thousand years. Physicians are assaulted in their daily round, the authorities are accused of abetting the spread of the disease, the sick have to be

bribed by the priests to take the medicine prescribed for them, the afflicted are treated with the greatest cruelty and rapacity by their associates in misery. All this reads, not like nineteenth century civilization, but as the record of mediæval scourges. Indeed, as we turn back and read the account of the Athenian epidemics of twenty centuries ago, or the more modern ones at Milan or in Florence, it would seem that man's moral progress has been but small in all these years, and that in the presence of disaster whole communities, now as then, become brutalized. Among a population so demoralized and demonized it is no wonder that the death-rate bears so close a ratio to the number of the sick.

* *

Some of our contemporaries have been recently discussing the prevention of malpractice suits. It has been claimed that most of such suits are brought as the result of the jealousies and malice of competing physicians ; this is probably true. Few persons will institute malpractice suits unless they have the support of one or more rival physicians who are willing to swear against their brother practitioner ; and the fact that such suits usually result to the dissatisfaction of the plaintiff, shows that they frequently, at least, are based on unworthy motives. The loss to a physician in time and money from such a suit, even though he may be vindicated, is always great, and often overwhelming.

* *

An instance of this kind has lately transpired at Waterbury, Conn. An

eminent eclectic practitioner was accused of mistreating a case of granular conjunctivitis, and the damages were put at \$10,000. The facts were that the trouble had existed for six months before the patient applied for treatment; he was intemperate; he refused or neglected to follow the course of treatment laid down; he was then advised to go to some specialist, which he did; two months subsequently he became blind. Urged on now by old-school doctors who had treated him he instituted suit for damages; but after causing all the scandal possible, the case was dropped, as was probably the intention of his abettors from the first. Every effort on the part of the physician to bring the case to trial failed, and the Court finally ordered a non-suit with costs.

* *

A number of suggestions, in the way of legal enactments, have from time to time been made to put an estoppel to such malicious proceedings, both in this State and elsewhere; but the *Medical Age* probably sounds the true keynote to the trouble. It says:

In view of the above, a great share of the responsibility for unjustifiable lawsuits for malpractice rests with the medical colleges of our country, who exercise no discrimination in their selection of those on whom they in two, or at most, three brief years confer their degree, possessed of which the competent and the incompetent, the educated and the ignorant, stand equal before the public and in the eyes of the law. Prejudice, jealousy and the other narrowing and distorting passions, grow more luxuriantly

in the ignorant, and education is their natural foe. With their front door thrown wide open to receive students, and their back doors quite as wide open to pass them out, after the prescribed period of detention within their walls, our medical colleges, with a very few rare and honorable exceptions, draw in and emit a larger number of the ignorant than are permitted to enter the ranks of any of the other learned professions, so called. This number is sufficiently large to seriously affect the *morale* of the profession, and, indeed, to justify even pessimistic views touching the future. In the present over-crowded condition of the profession there is, moreover, too much incentive to the cunning, the duplicity, and the detraction of rivals, which are most characteristic of minds which have not been subjected to the broadening and other salutary influences of education, and especially of a thorough education in medicine.

THE ABUSE OF PESSARIES. — It should not be the task of months to fit a woman with a pessary, any more than with a truss. The following are *not* instances of the proper use of pessaries. To keep the patient in bed for long periods wearing a pessary; to see her every day, every other day, twice a week, for weeks, months, or years. Perhaps such visits are not made to the patient, but to the pessary. However that may be, it is not the pessary, but the patient, who has to pay. What should we say of a surgeon who called for months to see a patient to whom he had given a wooden leg or a truss, and who kept him in bed for long periods; or of an oculist who had fitted a patient with spectacles, and saw him every day for several months, whether the spectacles seemed to suit him or not?

It is true that the pessary is a truss in the dark, but that is no reason why the management of a pessary should be a deed of darkness. Recent investigations have shown that the whole question of displacements has to be reconsidered. It cannot be too widely or too dogmatically stated that prolonged treatment by pessaries, such as we have described, is quite inadmissible and unnecessary; and if unnecessary, injurious not only to the patient—*i. e.*, to her *morale* as well as her purse—but also, in the best sense, to the practitioner; and if to the patient and practitioner, then to the public and the profession. It should also be realized that a pessary is a mere form of truss, and that its operations, though removed from the general view, are not occult. Ill-treatment bids fair to bring this useful form of truss into disrespect, and we are daily expecting to meet the practitioner whose sensitiveness is such that he shrinks from a cure whose name he has learned to mistake and distrust; but we feel bound to say we have not come across him yet. —*Lancet*.

THE DURATION OF PREGNANCY.

—Dr. Veit contributes a paper on this topic to the *Zeitschrift für Gynæcologie* (Gynæcological Times), in which he says that two hundred and eighty days have been commonly accepted as the average duration of pregnancy, by which term is intended the interval between the last menstruation and the delivery of the foetus. It is desirable to be able to fix upon the precise day when pregnancy is established, and in order to do this it is necessary to know whether the fertilized egg is a product of the last menstrual period or of the first period which is omitted. Many statistical tables are cited giving the average duration of pregnancy observed in different countries and by different men. As the tables vary by as many as thirty below and above the commonly accepted 280 days they are not of much value. The author

thinks the explanation of the variable period of time which intervenes between the first day of the last menstruation and the birth of the foetus is to be found in the causes by which labor is established.

Three questions naturally arise in studying the subject of the duration of pregnancy. What is the relation of ovulation to menstruation as to time? How long will the spermatozoa retain vital activity? Does ovulation occur only with menstruation? The last two questions are considered to have been answered in the statement that there can hardly be a doubt but that the spermatozoa may remain active from the end of one menstruation until the beginning of the next, and that the labors of Bischoff seem to have proved that ovulation usually follows menstruation. Before the establishment of the last observed menstruation, seminal fluid may be present in the genital canal, which will be the fertilizing element for the ovum which appears with menstruation. A second possible means of impregnation lies in the fact that the ovum may have been deposited upon the uterine mucous membrane at the time of menstruation and have been fertilized after a subsequent coitus. A third possibility is that the ovum may appear at the beginning of menstruation, be fertilized at that time, whereupon menstruation may cease, and the formation of decidua begin. It seems impossible to say, with our present knowledge, whether impregnation occurs at the time of the last menstruation, or at the time of the first omitted one, probably it may occur at either. The following case proves, as well as a single case can prove anything, that impregnation may follow coitus occurring several days prior to menstruation. A gentleman who had been absent from home for more than two months, was recalled by the house for which he traveled, to prepare to go abroad. He spent only one night at home before sailing, which was seven days prior to the expected return of

the menses in his wife. The husband was absent over four months, and a few months after his return, about 280 days from the first omitted menstrual period, the wife was delivered of a boy. Here evidently was a case of impregnation following a single coitus seven days prior to the menstrual period. The persons alluded to are of the highest moral character and personal worth, and we have no hesitancy in vouching for the accuracy of the above statement.

GESTATION OF THREE YEARS.—A woman who for four years has been an inmate of the State Homœopathic Asylum for the Insane, at Middletown, N. Y., gave birth, New York *Senate Committee on Asylums for the Insane*, to an illegitimate child. In regard to this the superintendent says: "It might be stated, in brief, that cases of protracted pregnancy have been reported, and some of the most eminent physicians believe it, and I have quoted this case as covering three years. I had charge of the patient less than two years before the child was born."

May not this case throw some light on remarkably short gestations in some recently married women, and other anomalies, such as virgin mothers, and fruitful women during the continued absence of their husbands.

SCARLATINA CAUSED BY EXHUMATION THIRTY YEARS AFTER BURIAL.—At the recent meeting of the Health Exhibition in London, Sir Spencer Wells, the great ovariologist, mentioned a very important fact which has a strong bearing on the probable source of epidemics and their annihilation by cremation, a method very strenuously espoused by Sir Spencer. Some persons who had died of scarlatina were buried in a country graveyard. Thirty years afterwards, the graveyard was included in a neighboring garden, and the old graves dug up. Scarlatina forthwith broke out in the rectory and parish; and no other probable source having

been discovered, it is difficult to avoid the inference that the graves of scarlatinal infection can retain their vitality a third of a century.*

BRANNY FOODS AS NUTRIENTS.—From the results of a series of experiments conducted by them in the biological laboratory of the University of Pennsylvania, Drs. Randolph and Roussel deduced the following conclusions touching the nutritive value of the different parts of the wheat grain:

1. The carbohydrates of bran are digested by man to but a slight degree.
2. The nutritive salts of the wheat grain are contained chiefly in the bran, and, therefore, when bread is eaten to the exclusion of other foods, the kinds of bread which contain these elements are the more valuable. When, however, as is usually the case, bread is used as an adjunct to other foods which contain the inorganic nutritive elements, a white bread offers, weight for weight, more available food than does one containing bran.
3. That by far the major portion of the gluten of wheat exists in the central four-fifths of the grain entirely independent of the cells of the fourth bran layer (the so-called "gluten cells"). Further, that the cells last named, even when thoroughly cooked, are little if at all affected by passage through the digestive tract of the healthy adult.
4. That in an ordinary mixed diet, the retention of bran in flower is a false economy, as its presence so quickens peristaltic action as to prevent the complete digestion and absorption, not only of the proteids present in the branny food, but also of other foodstuffs ingested at the same time; and,
5. That inasmuch as in the bran of wheat, as ordinarily roughly removed, there is adherent a noteworthy amount of the true gluten of the endosperm, any process which in the production of wheaten flour should remove

simply the three cortical protective layers of the grain, would yield a flour at once cheaper and more nutritious than that ordinarily used.

TYPHOID FEVER—COLD TO THE WRISTS.—Dr. Reeves, of West Virginia, reduces the temperature in typhoid fever by applying cold to the wrists. He wraps a coil of rubber tubing around the wrists and passes a stream of ice-water constantly through it from the reservoir of a fountain syringe. By this means the temperature can be promptly and effectually reduced.—*Medical World*.

PHENATED CAMPHOR IN DIPHTHERIA.—Péralé (*Bulletin Generale de Therapeu.*) has used phenated camphor in treatment of diphtheria with decided success. He dissolves twenty-five grains of powdered camphor in an alcoholic solution of carbolic acid (nine grms. of the acid to nine grms. of alcohol), and applies the resulting solution to the diphtheritic patches.

EPISTAXIS—THE CONDOM.—An ingenious subterfuge consists of an application of the condom to arrest hæmorrhage from the nose. For this purpose the condom is tied to the end of a small flexible catheter, and a piece of rubber tubing and a convenient clamp connected with the catheter. The condom is then lubricated and introduced into the nostril from which the bleeding proceeds. The whole being in place, the condom is inflated with air or charged with water, according to the desire of the medical attendant. This suggestion was made as a result of reflection over an unsuccessful case of plugging.—*Chicago Med. Rev.*, July 5th.

A sanitary towel is the latest device of the gynecologist. It lacks the electrical attachment of the menstrue-pad, but is, nevertheless, constructed on the latest and most approved scientific principles. It is

made of borated cotton and provided with the necessary tapes for adjustment. When properly in place, it stands as a faithful sentinel at the entrance of the vagina, and is certain death to any lascivious minded micrococcus that might dare to invade the sacred portal.

Dr. P. A. Laver reports in the *Canada Medical Record*, that he removed, a few days ago, from the upper canaliculus of a patient's left eye, a hair (cilium?), which he thinks must have found its way there from some other eye, as it was of quite a different color from his own blepharides. The moral of this wonderful case is evidently in the application of it.

Dr. T. Gaillard Thomas classifies American women in two grand divisions: one comprising those who desire above all things to become pregnant, and the other those whose greatest concern it is to keep from being so. Perhaps if the spermatozoon were a fish, the latter class would succeed less signally than they do in the attainment of their desire.

The following joke has been revived and a medical point given it: "Father," answered a fair penitent at the confessional, when her name had been asked, "my name is not a sin." Auspitz in questioning a syphilitic patient, asked him his name. "Doctor," replied the victim, "is my name a symptom?"

Prof. Nussbaum, of Munich, places a few drops of oil of cloves on the towel before giving chloroform when the patient has a repugnance to the odor of that anæsthetic.

TUBE-CASTS.—Specimens of urine containing tube-casts can be preserved by the addition of a minute quantity of corrosive sublimate.—*Polyclinic*.

LITERATURE.

The most important contribution to current medical literature for the month is the first part of Dr. Charles F. Millspaugh's *American Medicinal Plants*.* This beautiful and valuable work is to be issued in six parts, (at five dollars each), and it is hoped that the whole may be completed by the autumn of 1886. The plates, of which there will be one hundred and eighty, are life-like representations of indigenous plants which have been proven and have thus become a part of the Homœopathic materia medica. Dr. Millspaugh, who is alike clever with pen and pencil, has drawn these from the growing plant, just as it stood, and the lithographer has, in the specimens before us, vividly transferred to the plate the life-like character of the original drawings. To any one who has been accustomed to look about him while riding along our country roads these beautiful delineations will be a source of delighted surprise, like meeting suddenly some well-known friend in an unexpected moment. The dainty *chelidonium* here lifts its pretty head—no wonder the swallows like it; the barberry drops down its sour scarlet berries; bloodroot, in startling ruddiness, almost sets our teeth on edge at its evident acidity; the weird witch-hazel with its leafless stems in bloom, fit emblem of the water seeker; the gorgeous sunflower, in radiant effulgence; the modest little *chimaphila*, with its pretty blooms; the all too wide-spread *livaria*, with its golden top-knot; the majestic *asclepias*; and the graceful blue-flag, are all here with a goodly company of their fellows. Each plate is accompanied by several pages of letter-press in which is given the botanical and common

names of the specimen under consideration, a description of its physical appearance, its history and place of growth, the part used in medicine and the mode of its preparation, its chemical constituents, and its physiological action as far as may have been accurately determined. The publishers have expended upon it every necessary attention to make its typographic excellence equal the skill displayed by its accomplished author, and have succeeded in presenting to the profession a work altogether admirable. An error was made in the flowers of *apocynum*, being colored green instead of pink; but this will be corrected by the issuance of another plate, which will be sent to subscribers with the next fascicle. Those who subscribed for the work before its issuance, trusting to the well-known character of the house that brings it out, have every reason to be satisfied with their bargain. Nothing more perfect could be imagined or desired, and the profession is under obligation to author and publishers for so faithfully carrying out the promises of the prospectus.

As is well-known to most of our readers, Dr. Richard Hughes, of England, by invitation, delivered, at the Boston University Medical School, a course of lectures last spring. These discourses have now been published, by Messrs. Otis Clapp and Son, under the somewhat stilted title of *The Knowledge of the Physician*.* The interest which was awakened by the announcement of this proposed series of addresses may now be satisfied by the perusal of the printed page. Whatever Dr. Hughes may utter always commands the attention and respect of a large class of physicians, and the present volume will increase the confidence which is

* *American Medicinal Plants*; An Illustrated and Descriptive Guide to the American Plants used as Homœopathic Remedies; Their History, Preparation, Chemistry, and Physiological Effects. By Charles F. Millspaugh, M.D. Part I. 4 to, pp. 175. Thirty plates. (Philadelphia: Bœricke & Tafel).

* *The Knowledge of the Physician*. A course of lectures delivered at the Boston University School of Medicine, May, 1884. By Richard Hughes, M.D.; 8vo., pp. 292. (Boston: Otis Clapp & Son.)

so generally felt toward him as an earnest and trusted leader in the department of therapeutics. After stating, in the opening lectures, what a physician should know of life, health, disease, medicines and food, he proceeds to discuss various classes of remedies under the titles of Pyrexia and the Anti-pyretics, Rheumatism and the Anti-rheumatics, Cerebral Localization and Drug Action, and closes with an outlook at the Future of Pharmacodynamics. Dr. Hughes states his opinions in a succinct and pungent manner, and one reads on with unflagging interest even although not always in accord with the views of the writer. The work is one that will be read with favor by that large and constantly growing class of medical men who occupy the middle ground between the entrenched conservatism of the old school, and the advance position of those who like to be denominated true Hahnemannians. It will bring over many recruits from the former class to a practical advocacy of Homœopathy, and will add largely to the already enviable reputation of its gifted author as a proseminator of the doctrine of similar.

Dr. Charles Gatchell has issued a timely little work on Cholera,* intended particularly for lay readers, who are likely to be numerous. The essential points of prevention are stated plainly, and if the hygienic and sanitary suggestions here given could only be generally observed, we need have little fear of the coming epidemic. It is a good book to put into the hands of intelligent patients, and will do much to allay false alarm.

Medical students will be pleased with a very concise pocket-book on

* *The Treatment of Cholera*, as Practiced by the Leading Homœopathic Physicians of the World. By Chas. Gatchell, M.D.; 12mo., pp. 33. (Chicago: Gross and Delbridge.)

Obstetrics just issued by William Wood.* The illustrations are good, and are a real help in elucidating the text. Dr. Partridge is a competent teacher, and seems to have covered the topic which he here discusses quite thoroughly.

* *A Manual of Obstetrics*. By Edward L. Partridge, M.D.; 16mo., pp. 295. (New York: William Wood & Co.)

ITEMS.

Prof. Hoyne, of Chicago, has been spending the summer in Europe, and publishes an interesting letter in the *Clinique*.

The Medico-Chirurgical Society of Aberdeen, Scotland, has elected Dr. Reith, a well-known Homœopathist, to the presidency of the organization for the ensuing year.

Out of fifty-five medical periodicals started in 1883, seventeen have died. And why shouldn't they? That was the only way they could reach the majority of their subscribers.

A recent novel writer puts the following startling statement into the mouth of his hero: "I grew up to manhood without ever knowing what the love of a parent really was for my mother died when my oldest brother was born."

Dr. L. H. Washington says that when pneumonia attacks the steady, square drinker, one who carries regularly his pint to a quart of whiskey daily, the treatment comes exclusively under the domain of the undertaker, as the first case of recovery has yet to be reported.

The *Psychological Journal* gives the increase of the number of insane persons in the United States, at from 1850 to 1860, 8,432; 1860 to 1870, 13,390; 1870 to 1880, 54,565. The whole number of our insane is given at 91,997; idiots, 76,895. More than one-half are not under hospital treatment.

The editor of an English scientific paper satisfies a correspondent as to why he does not print his article: 1. Your original theory was propounded a quarter of a century since, and probably not for the first time. 2. It has been refuted over and over, and proved logically unsound and physiologically impossible. 3. We have no room for it.

Dr. Charles Deady, late House Surgeon of the New York Ophthalmic Hospital, has removed to San Antonio, Texas. Dr. Deady has been connected with this institution for the past eight years, and has gained an enviable reputation for thoroughness and skill. We take great pleasure in recommending Dr. Deady as an expert in the diseases of his specialty—eye, ear and throat.

THE AMERICAN HOMŒOPATH.

NEW YORK, NOV., 1884.

SARCOGNOMY.

A PSYCHO-PHYSIOLOGICAL SCIENCE, AND
PHILOSOPHIC BASIS OF THERAPEUTICS.

BY

JOSEPH RODES BUCHANAN, M. D.,

Boston.

The word SARCOGNOMY, derived from Sarx or Sarcos, flesh, and Gnoma, an opinion, should signify a scientific understanding and estimate of corporal development in the animal kingdom, including the lower orders as well as man.

The coinage of this word became necessary in 1842, when I found that the most profitable and instructive experiments that could possibly be made in biology, were those made upon the nervous system of the living man, stimulating the activity of each function in its exact locality, discovering thus the seats of all vital functions, and isolating each function for study by itself, as the anatomist isolates a nerve or a muscle.

After carrying out this method to the extent of a complete analysis and demonstration of the functions of the brain, I found that the same method was applicable to the entire person, and that the moving powers of animal life could be reached and stimulated through the surface of the body with the remarkable result that in such experiments the sympathetic relation between the brain and body were so intimate that each invariably affected the other, and thus by sympathy and functional connection important physiological influences were produced by the brain, and important psychic influences by the body.

The fundamental idea of my new investigation, that the vital influence of one constitution over another could affect all vital processes, had been sanctioned by the highest scientific authorities, although resisted

with stubborn prejudice by the mass of the medical profession. But this influence was regarded as something abnormal, belonging only to constitutions predisposed to mesmeric somniloquence, trance and catalepsy, and it was from this erroneous idea that I took a new departure, discarding all mesmeric proceedings and recognizing the phenomena of life acting upon life, as the result of laws of universal application and a display of powers belonging in some degree to every human constitution.

It is over forty-three years since I discovered the great impressibility of the brain in persons of a sensitive organization who possess normally at all times the susceptibilities which were previously supposed to be confined to the mesmeric or somnambulant condition.

Through those experiments in which every portion of the brain was excited and made to manifest its function, as in anger, pride, fear, avarice, hunger, courage, mirth, religion, friendship, etc., I was enabled to make the complete psychological analysis of man, which corrected and completed the discoveries of Gall and Spurzheim. The system of phrenology thus developed was remarkably accurate and complete in its application to crainial examinations, and was in harmony with the comparative craniology of the animal kingdom, which was not the case with the Gallian system. If Gall had paid more attention to comparative craniology it would have enabled him to avoid important errors.

The system of Gall, based upon inferences from comparative development, could not have realized more than a strong probability in any of its special doctrines of cerebral organs, and my own critical observations of comparative development among persons of marked character enabled me, even in the first year of my devotion to the subject, (1836), to de-

tect important errors. At the same time the numerous researches and experiments as to the functions of the cerebellum, and the results of pathological anatomy made it very clear that Gall was greatly mistaken as to the cerebellum, in devoting that organ entirely to the sexual faculty.

It cannot be said, however, that the Gallian system was fictitious or substantially erroneous, although it embraced important errors. There was enough of truth in it to convince all or nearly all who ever studied it by learning to judge comparative development and carefully studying the heads of men, women and children, as we find them in society, in prisons and in hospitals. Indeed the practical students of phrenology have generally become enamored of its principles, and without attempting a critical comparison of the doctrines with facts, or fairly meeting certain contradictory facts, have given the science much more credit than it deserved.

On the other hand the medical profession generally borrowing their views from teachers of anatomy and physiology who had never sought the affirmative evidences of the science, and had looked almost solely on the negative side of the question, attaching importance to frivolous and refuted objections, or misconceptions, have become very skeptical as to the existence of any substantial truth in the science. That Gallian phrenology was liable justly to a damaging criticism was very true, but such criticism could have come only from an adept who had followed the Gallian method of investigation, and understood the real weakness of the system. I have seen no attacks or criticisms on the science which did not display misconception and ignorance of the subject.

The illustrious originator and leader in any department of knowledge is generally followed, not by collaborators, but by passive imitative pupils who seek to confirm but not to enlarge or modify his doctrines. There has been very little originality

or criticism among the followers of Gall, and very few indeed have made a proper psychological study of crania in connection with the brain. The greater part of what has been done in that way has been to supply the market for phrenological opinions of character—a business prosecuted generally with little either of the scientific spirit or scientific attainments.

As phrenological craniology or craniosophy was a science of observation, it naturally declined as would any other branch of natural history when observations ceased to be made except as a matter of business by a few to whom it was a trade prosecuted on mercantile principles. Very few indeed who understood cerebral anatomy have in the last thirty years paid any attention to the Gallian method of comparing external development. Hence to anatomists the science gradually assumed the position of an unverified hypothesis, concerning which they were much more familiar with difficulties and objections than with illustrative facts.

But had it been otherwise—had the zeal manifested by the Combes, Elliotson, Caldwell, Andral, Broussais, Vimont, Tossati, Cox, Simpson, Macartney, Hall, Ashburner and others become general in the profession, it would not have placed Gallian phrenology in the rank of a fully established science, because its basic evidences were of too indefinite and complex a character for positive science. No very critical observer would have given it the unqualified adhesion which we give to physiology and the greater portion of the medical sciences, on account of the difficulty of obtaining satisfactory data.

The irregular thickness of the cranium offers much less difficulty to the expert cranioscopist who understands its irregularities, than the irregular conditions of the brain, which may have in some of its convolutions the power produced by cultivation, excitement and increased circulation, and in others the inactivity resulting from lack of cultivation,

and a slow decline, running into atrophy or softening. Such conditions making the external development an inexact interior, would if not diluted introduce an element of inaccuracy and uncertainty; and a still greater amount of obscurity and uncertainty would have arisen from the fact that the basilar and inter-hemispherical regions had not been explored. Adding to these sources of error and doubt the positive errors of the science in reference to the location of acquisitiveness, destructiveness, inhabitiveness, concentrativeness, cautiousness, constructiveness, mirthfulness, etc., which were erroneously located, it is obvious that a critical study of the subject in an impartial spirit might have destroyed confidence in the reliability of the science as a practical guide.

Such would have been the result of my own studies, had I not found the majority of Gall's discoveries confirmed by critical observation to an extent that surprised me, when I knew the imperfection of his psychology. This made it my duty to adhere to his verifiable truths, and to endeavor by additional observations to learn the functions of those portions of the brain which he had mistaken or ignored, and also to locate in the brain many psychological faculties which he had not embraced in his scheme.

A still more extensive labor then appeared necessary. Gall had never spoken of the brain except as an organ of mental characteristics. He had overlooked the fact that the brain as the commanding organ of the body and center of its sympathies *must be the controlling power in physiology*, having a combination of psychic and physiological powers, and must have in its different regions *definite relations* to all our physiological functions, for there is nothing in biology or any other department of science which is not definite and governed by precise laws.

The magnitude of such a task might have appalled me, had I not

felt that I already held the clue to guide through the dark labyrinth, for I was positively certain that *comparative development* in connection with function was such a clue, conducting us along the landmarks of ethnology, individual character, and the successive grades of the vertebrata; certain too, that such studies had enabled me to pronounce on character correctly, not only in living heads, of which I had examined many thousands, but in crania brought before me, of which I knew nothing, as in the skull of Morgan Williams of Arkansas, from which I discovered not only his criminal character, but the enormous difference of his lower limbs.

Yet in the course of successful discovery, verifying every step as I advanced, I felt that I was struggling for an almost barren victory.

I might build up a science of philosophic beauty in its psychology, and might be able to show its value in the accurate description of individuals, and thus give it a certain popular currency in my own sphere of influence, as I did forty-five years ago. But innovations progress so slowly, and the spirit of modern science is so skeptically exacting, especially in all biological matters, that I felt it utterly impossible to realize my aims in giving psycho-physiological science a firm foundation in the public mind, unless I could place the psycho-cerebral science on the basis of positive demonstration, instead of complex inferences from numerous observations requiring skilled observers.

This I succeeded in accomplishing in the Spring of 1844. I ascertained that what was called a magnetic influence, the influence imparted by the hand, and used to operate on mesmerized subjects in a state of somnambulism or trance, was capable of affecting persons in their natural state, and that in a warm climate the majority of the population were accessible to such influences, so that there was no difficulty in making experiments upon as many as we desired, a

fact which was fully verified in the surgical and medical practice of Dr. Esdaile in India.

I was then at Little Rock, the capital of Arkansas, and made a public presentation of my discovery by lectures and public and private experiments on citizens. The discovery made a great sensation at the time and my experiments were repeated in many American cities and frequently in Great Britain. They were repeated in Philadelphia by the brilliant Professor J. K. Mitchell, of the Jefferson Medical College, his subject being a Philadelphia editor named Neal, and he made a sketch of the results on a diagram which he gave me soon after. But none of all who engaged in such experiments ever carried them to any practical results, or any development of cerebral science worth mentioning.

Since then, having carried out my experiments on the brain to a complete survey of the entire surface, resulting in a complete view of human psychology, (capable of being verified in the comparative development of animals) and a complete view of the physiological functions controlled by the brain, in which psychology and physiology are combined, this complete view of the constitution of man necessarily required the word ANTHROPOLOGY for its expression. This was comparatively a novel term when I began to use it, and much misunderstood, for previously there had existed only the unconnected fragments of such a science, and their union in a systematic view, by the exploration of the brain, was the beginning of Systematic Anthropology—the clear conception of soul, brain, and body, and their exact conditions, which I embodied in a concise system of Anthropology occupying four hundred pages, published in 1854.

In the innumerable experiments made in illustration of my lectures since 1841, I have on all occasions desired the critical investigation of the subject by intelligent and professional gentlemen, with the uniform

result that the committees were satisfied with the demonstrations and made favorable reports. I would refer especially to the reports by the Faculty of Indiana State University, by a committee of Boston physicians, and by a committee at New York headed by the poet Bryant. But my distinguished friends are no longer in this life. Bryant, Torrey, President Wylie, Prof. Caldwell, Pierpont, Sargent, Theodore Parker and nearly all of my learned colleagues have passed away, and I have not for thirty years engaged in the propagandism of the science. I refer to this not as a personal matter, but to show the status and the demonstrability of a science which the intelligent receive wherever it is fully presented.

In the Boston experiments I exhibited the power of controlling the action of the head through the brain in an intelligent physician of the committee. The only difficulty I found in such demonstrations was not in satisfying committees by the success of the experiments, but in inspiring physicians and literati with sufficient interest in a subject, they approached with reluctance, and sufficient manliness and moral courage to prosecute the investigation of a subject over which professional authorities frowned. This experience was surprising to me and destroyed my interest in the diffusion of the science in the medical profession; but it was not at all singular—it belongs to the progress of every discovery, and is still illustrated in the treatment of Homœopathy.

Instead of appealing to the closed ears of the medical profession, I appealed to the young and engaged in the great movement of American liberalism (which assumed the name of Eclectic), and was for several years the Dean of the flourishing Eclectic Medical Institute of Cincinnati, in which the new Anthropology became for ten years the recognized philosophy of the college, and was at the same time propagated by the monthly "Journal of Man," which I pro-

pose to renew as the only channel through which the new science can have free expression. This necessary preface brings us to the subject of Sarcognomy, which was an important portion of the new Anthropology.

(To be continued.)

THE MANAGEMENT OF THE MEMBRANES DURING LABOR.

BY

L. L. DANFORTH, M.D., New York City.

The management of the membranes during the first stage of labor, is a subject which may seem to the members of this society unworthy their attention, and more fitly a topic for the consideration of the tyro in the obstetric art. But so impressed am I, in many of the cases of labor which I attend, with the importance of it in its relations to the *production, frequency and intensity* of the uterine contractions, the progress of delivery and necessarily the conservation of the maternal forces, not to speak of the time and energies of the medical attendant, (which, though subordinate, are not to be entirely ignored,) that I cannot refrain from indulging in a brief survey of the subject, and the hope is expressed that the remarks will not be considered hackneyed and puerile.

To the perfect fulfillment of the function of the "bag of waters," a concordance of several conditions is necessary. In the first place there should be neither too much, nor too little liquor amnii; the membranes should not be too thick; the cervix should be soft and dilatable and the contractions of the uterus should occur with the requisite degree of regularity and force. The position of the child also will have an important bearing upon the efficiency of the membranes as dilators. To secure the perfect adaptation of these various forces and conditions to each other should be our duty as *accoucheurs*, or

failing in this it would be our mission again, to aid the parturient process by any means within our power. It is an ancient and trite axiom that "meddlesome midwifery is bad," and no one will deny the truth of this saying in its usual acceptation; but who has not witnessed the performance of a simple manœuvre by the attendant, which at once converted a tedious and wearisome labor into a rapid and safe delivery. I am impressed with the fact that a just appreciation of the uses of the "bag of waters," and the application of judicious interference when this function has been perfectly fulfilled (should Nature herself not complete her processes) are as important as any step that can be taken during the first stage of labor, and often more important than any other because fundamental; failure to act when action is called for leading to delay, discouragement and fatigue at the very threshold of the parturient process.

A recent case of confinement was of a nature to impress the truth that interference when rightly directed can result in the greatest possible good to both mother and child. The patient was a multipara, previous labors normal. Labor pains came on about one o'clock, A.M., but were not deemed sufficiently active to cause immediate alarm. Visited patient early in the morning. Observed the unusual size of the abdomen, and by internal examination found the os slightly open, the membranes drawn tensely over internal orifice with an unusual amount of bulging of the cervical segment of the uterus, as if overdistended. Throughout the day following pains were almost entirely in abeyance and the patient suffered from incessant nausea; every five or ten minutes would attempt to vomit, the involuntary retching becoming more violent and exhaustive as the hours advanced. Medicines administered as accurately as possible were unavailing. A careful examination then convinced me that the cause of the delay was an excess of liquor amnii,

which, distending the uterus to an unnatural degree, prevented the organ from contracting normally upon its contents, thus producing the unusually violent reflex phenomena, stretching of the membranes over the internal os, and consequent imperfect dilatation. The cervix was soft and dilatable, and manifestly capable of becoming fully dilated under the influence of the requisite degree of force from the presenting part. The rupture of the membranes was at once decided upon, and accomplished. A deluge of water followed, and the patient was quiet from that time forth. The retching ceased and nourishment was retained. After a short period of rest contractions came on, the cervix dilated fully without delay, and the future of the case was normal.

Contrast with this another case, in which the necessity of rupture of the membranes was not appreciated, and in consequence a tedious first stage of labor was the result. The patient, a primipara, at full term was taken in labor with severe pains, violent and long continued. The cervix dilated slowly, though finally fully accomplished, and pains continued violently. There was no protrusion of the membranes or presenting part, and no progress in the delivery. The young attendant had been taught not to interfere with Nature's workings when the presentation was normal and cervix dilated or dilatable. The patient became exhausted and discouraged. A consultation was held, with the result of rupture of the membranes. The labor continued to progress favorably for a time, but owing to fatigue and delay the forceps were advised, and the woman delivered of a dead child. It was ascertained that the cause of the delay was the conjunction of two unfortunate conditions—an excess of liquor amnii, and exceedingly thick and tough membranes.

It is interesting to note what the text books have to say on this subject. The older authors say very little about the necessity for artificial rup-

ture. Cazeaux, for instance, only mentions premature rupture of the sac before any pains whatever; this premature laceration being coincident with a presentation of the vertex that is deeply engaged in the excavation. He also says the membranes are sometimes very hard, thick and resistant, the rupture only taking place at an advanced stage of labor, when the head clears the vulva, for instance.

Playfair, among recent authors, is more explicit in his directions. He says: "When once the os is fully opened, the membranes may be artificially ruptured if they have not broken spontaneously, for they no longer serve any useful purpose, and only retard the advent of the propulsive stage. . . . In some cases, indeed, it is even expedient to rupture the membranes before the os is fully dilated. Thus, it not unfrequently happens, when the amount of liquor amnii is at all excessive, that the os dilates to the size of a five-shilling piece or more, but, although it is perfectly soft and flaccid, it opens up no further until the liquor amnii is evacuated, when the propulsive pains readily complete its dilatation. Some judgment and experience are required in the detection of such cases, for if we evacuate the liquor amnii prematurely, the pressure of the head on the cervix might produce irritation and seriously prolong the labor. The manoeuvre is most likely to be effective when the pains are strong and the os perfectly flaccid, but when the membranes do not protrude through the os and produce further dilatation.

Tyler Smith gives the same directions, but mentions in addition those cases occasionally met with in which the os is dilatable, but the uterus inactive, and in which dilatation may be promoted by the evacuation of the liquor amnii. Lusk says, "Rupture of the membranes is, as a rule, a spontaneous act. Yet often enough something may be done in the way of shortening labor, by puncturing the membranes so soon as cervical dilatation is complete. They have then

fulfilled their physiological mission, and their persistence simply retards the advance of the child's head."

The above highly practical advice, if thoroughly appreciated by every practitioner of obstetrics, would, I am sure, save their patients many weary hours of suffering, and themselves much anxiety and delay.

For convenience of description we may classify the cases which have as a special feature some abnormal conditions of the membranes which may demand manual interference or may be sources of delay, as follows:—

I. *Premature Rupture*.—This is most apt to occur in women who have borne many children, and is chiefly of account because the subsequent course of the labor is apt to be slow; but this is not always the case, since early and spontaneous rupture is not incompatible with a soft, nearly completely dilated or dilatable cervix, which is capable of becoming fully open as soon as pains ensue. One point in the management of the *liquor amnii*, even in cases in which premature rupture has occurred, is worthy of notice. As might be expected, the *liquor amnii* will usually drain away under these conditions, but it sometimes happens that the head becomes so well engaged in the pelvis, and the proportions between the head and parturient canal are so exact, no water can escape in the intervals between the pains or during the greater part of the pains themselves; the head and canal thus acting as a ball-valve. The result is that the force which should advance the head is expended in a slight dribbling of waters, and much time is lost, often to the serious detriment of the patient. To obviate this result, means should be adopted to drain off the *liquor amnii*. This may be accomplished by pressing upon the head during the intervals between the pains, lifting it away from its position within the neck of the uterus, thus allowing an opportunity for the water to escape. Another method advocated by Tyler Smith, is to pass a

small gum-elastic catheter up by the side of the head, through which the water may drain off.

When labor is greatly protracted by complications—and especially by a pelvic contraction—Schroeder mentions the fact that air may enter the cavity of the uterus, if rupture of the membranes has already occurred, and this is favored by the repeated manual examinations rendered necessary under such circumstances. The result, according to this author, is displacement of the waters; the maternal soft parts thereby becoming dry, the expulsion of the foetus is delayed, and thus irritation and inflammation of the uterus, vagina, and vulva are produced. "In the narrow pelvis, unnecessary examinations must, therefore, be avoided, when the membranes have prematurely ruptured. A moderately filled caoutchouc bag should be placed in the vagina, and the woman should lie on her back or side. The rest of the *liquor amnii* is thereby pent up and only a small quantity escapes during a pain, and the uterine action is increased."

II. *Delayed labor from scantiness of the liquor amnii, and unnaturally thick membranes*.—Too small a quantity of *liquor amnii* will scarcely be able to delay labor under otherwise normal conditions, and yet scantiness may be coupled with membranes which are thick and tough. The combination of these two conditions may result in great delay and discouragement during the first stage or period of dilatation. Great thickness of the membranes is sometimes coupled with their firm adhesion to the lower uterine segment, and this is an additional source of delay. Scantiness of the water is manifested by the tenseness of the membranes as they are drawn over the head, no tendency to bulging of the sac, moderate size of the uterus and the slowness with which the head enters the cervical rim. In addition, when the membranes are tough or adherent, the educated tactile sense will enable one to appreci-

ate this co-existing element of delay.

When the cervix is firm and only partly dilated, if pains are in abeyance, the case may safely be left to nature, with the expectation that she will complete the process in due time, when we may then interfere and produce rupture by the usual means. In case pains are present, though feeble, they may be strengthened by the hot-water douche, which at the same time relaxes the cervical tissues. We have many remedies which will aid in the development of the uterine pains or stimulate the flagging forces, should they become exhausted. I need only say in passing that *pulsatilla* is oftener capable of rousing the drooping energies, and regulating the irregular and spasmodic action, than any other remedy. In homœopathic therapeutics it is the great parturificient. As soon as the cervix is dilated, or *dilatable*, the membranes may be punctured when the future course will be satisfactory. The head acts as the dilating wedge, whereas, if the head were kept away, ever so little, by the resisting membranes, tensely drawn between it and the internal surface of the uterus, the dilatation of the orifice and the emergence of the head might be perilously postponed.

III. *Delayed rupture due to an excess of liquor amnii*.—The history of the case narrated is a good example of delay from this cause. The evidences of this condition are unusual enlargement of the abdomen, more especially great fullness of lower segment of the uterus; inefficient uterine contractions; little or no protrusion of membranes during a pain; easy mobility of child in utero, as evidenced by the touch through the partly open cervix, and by conjoined manipulation.

In cases of labor presenting these features, we may effect a good result oftentimes by merely lifting the child's head away from the cervix, the liquor amnii will pouch the membranes at the orifice, and facilitate

the dilatation up to the point of three or four fingers breadth, when we may rupture the membranes, if the tissues of cervix be soft, and thereafter all will go on well. Pains become more effective through the increased power which the uterus at once attains. Should it be impossible to secure pouching of the bag of waters in the manner indicated, or by the unaided efforts of the uterus, we may even rupture the membranes before the dilatation reaches the point indicated, if the cervix is soft and dilatable, and the condition of the mother demands such interference to expedite and render more efficient the uterine contractions. It has no doubt been observed in the foregoing that *interference with the membranes is never advised, and should not be practiced until the cervix has reached its full degree of dilatation, or its equivalent dilatability*.

This rule has become axiomatic in obstetric practice and should not be deviated from, except under special and qualifying circumstances. Failure to observe the rule here laid down, leads to results which are destructive to the integrity of the cervical tissues, and are as well appreciated by the writer as by any one. Notwithstanding the above principle, judicious interference may be practiced with the greatest possible good to the mother, and sometimes even to the child.

In conclusion, we will refer to a paper by Valenta, of Laibach, entitled "Aphorisms on the Rupture of Membranes."* Under this title the author sums up the conclusions arrived at by him from 2,600 confinements, in 487 of which the membranes, some of which we will refer to, were artificially ruptured, as follows:—

I. In nearly every fifth labor the artificial rupture of the membranes is called for.

II. The artificial rupture is much more frequently necessary in primiparæ than in multiparæ.

*Memorabilieu, XXII., 7, 1877.

III. The spontaneous rupture of the membranes increases in proportion to the greater number of labors.

IV. In plural births the artificial rupture is most frequently required.

V. In premature labors the artificial rupture is most rarely necessary.

VI. In plural births the normal rupture of the membranes almost never occurs, but it generally happens prematurely or by artificial means.

VII. The normal rupture occurs most frequently in premature labors.

VIII. With male children it is more frequently necessary to rupture the membranes than with female ova.

IX. In vertex presentations the artificial rupture is unquestionably least called for.

X. In face presentations the natural rupture is most frequent; and

XI. In transverse presentations most rare.

XII. In primiparæ the membranes are tougher and more resistant than in multiparæ.

XIII. Artificial rupture at the proper moment is of evident benefit to the life of the child.

XIV. The artificial rupture as such generally suffices to attain the desired object, namely the spontaneous completion of the labor.

XV. The artificial rupture of the membranes is chiefly an oxytocic agent.

A NOTE ON *ARALIA RACEMOSA*.

BY

E. A. FARRINGTON, M. D.,
Philadelphia, Pa.

When Dr. S. Jones proved the *Aralia racemosa*, he not only benefited his own ailment but also furnished means for relieving many others who suffer from irritative catarrhs.

We have not had a very extensive experience with this remedy, but when indicated by a few marked symptoms it rarely fails to confirm the correctness of the proving which introduced it into the materia medica.

We have found it called for when

the catarrhal process extends to the bronchial mucous membrane, with accompanying asthmatic breathing. In addition to mucous râles, cough, and sputum, there should be present the qualification that the patient can not lie down without a renewal of the asthma.

Dr. Burnett, in one of his valuable contributions to his journal, the *Homœopathic World*, speaks of *Aralia* as useful for a peculiar cough. So soon as the patient falls asleep he is aroused by an irritation that compels coughing. We have not had opportunity to confirm this observation, but we have no doubt of its genuineness.

ON THE CURE OF CONSUMPTION.

BY

EDWIN A. GATCHELL, M. D.,
Asheville, N. C.

That much has been written upon the subject of pulmonary phthisis by able authors I am well aware; that I have nothing new to offer regarding its etiology, pathology, or treatment I confess; but I shall endeavor to present for the consideration of the profession, a combination of remedies and measures applicable to all cases of consumption where there is a possibility of a cure; and which promise a cure in nearly all cases in the incipient stage.

Probably no well read, and observing physician, in this age of the world, will deny that pulmonary consumption is curable! According to Dr. Roberts Bartholow, a few years ago a cure of any case of phthisis was regarded as hopeless, but within recent times the improvements in our knowledge of the local conditions and the means of treatment have led to better results, and cures are now not uncommon. Austin Flint, Sr., once told his class at Bellevue, in a lecture on phthisis, that he could not impress upon them too strongly the beneficial effect of hope upon patients. Though

in phthisis encouragement from the physician is less needed than in most other affections.

But the honest physician, while he assures the patient that a complete cure of his disease is probable, should impress upon his mind that a cure is only possible under the most favorable conditions, and by carrying out the most approved methods of treatment.

That consumption is caused (when not inherited) in a majority of cases, by leading a sedentary life and breathing impure air, is susceptible of very strong proof. Admitting this to be true, what is the most reasonable advice to give a consumptive? That there is but one answer is patent to anyone:—to lead an active out-of-door life; breathing the pure atmosphere as many hours of the twenty-four as is possible.

It is folly to permit invalids to remain, as many do, twenty-two hours of the twenty-four, in the same atmosphere which produced their disease. No one, in their senses, would attempt to revive a man, asphyxiated from inhaling illuminating gas, by permitting him to continue to breathe the same poisoned air.

It is of the utmost importance that the consumptive should live in a climate sufficiently mild and equable to permit him to spend the most of his time in the open air; in a climate where the air is cool in summer and mild in winter; where the atmosphere is dry and invigorating; and in a region of sufficient altitude to rarify the air so as to render it more easily respired.

Where then can such a climate be found? Not in Santa Fé; the winters are too cold; the mean temperature for January being 23.7°. Not in Aiken, S. C.; the rainfall is too great, being 55 inches for the year, and the fall during the winter months being very great. Not in Jacksonville, Fla.; the rainfall is still greater, being for the year 1881, 65.51 inches. Aiken and Jacksonville are both too warm to possess an invigorating at-

mosphere which the consumptive so much needs; neither is the altitude, especially in the latter, sufficient to render the air especially healing in pulmonary disease: though in bronchitis and catarrh it may be very beneficial.

The region known as Western North Carolina, of which Asheville is the metropolis and railroad centre, is the only section of the United States east of the Rocky Mountains which has a climate possessing in an eminent degree the chief requisites for the improvement and cure of patients suffering from pulmonary phthisis.

The air is sweet, cool, soft, and invigorating. The mean summer temperature is 71.3°; and the mean temperature in winter is 37.8°, being mild enough to permit of daily exercise in the open air, and cool enough to be stimulating.

The rainfall for the year is but 40.2 inches; and fifty per cent. more rain falls in summer than winter.

The scenery is exceedingly grand and picturesque. Go where you will you meet with verdure-clad mountains, rocky glens and gorges, beautiful valleys and mountain streams; all tending to make the invalid away from home more contented than he would be without these natural attractions.

But the physician has not done his whole duty when he has sent a patient to the best possible climate; he can not express too forcibly the importance of taking every advantage of the climate. He should charge the patient to take walks and rides daily; beginning moderately and increasing gradually. It is safe to say that a patient with incipient phthisis will gain as much in this climate if he takes a daily ride in the saddle, in three months as he will in six months sitting in the lobby of his hotel. He should day and night breathe the fresh air.

Since indigestion, emaciation, and prostration are present in almost every case of consumption it follows that the food of the consumptive

should be very digestible, nourishing, and not too stimulating. There is no one food which so fully meets the requirements of the consumptive as does Koumyss. Real Koumyss is made from mare's milk, rendered alcoholic by fermentation. It is the customary beverage among the tribes on the steppes of East Russia; it is said that the Kalmucks who drink it are entirely free from consumption. Koumyss is a delicious drink, cool and refreshing; and it prevents vomiting, aids digestion, relieves the dyspeptic symptoms, promotes the formation of tissue, and induces sleep.

Indeed after a suitable climate I consider Koumyss one of the most effective remedies in the cure of phthisis.

Cod liver oil is of value in phthisis, but I believe it is not used as much as it used to be. Physicians generally prescribe it in too large doses; it has been demonstrated that if two ounces, for instance, are given daily all but one drachm pass through the system, the excess possibly doing some harm in over-taxing the system in ridding itself of it. In giving cod liver oil, three teaspoonfuls daily should be the maximum dose; and it be well to add a little iodine to the oil. And "in whatever form it is given, it is better to prescribe it with a little ether (Mxx—3i) because of the action of ether in promoting the flow of pancreatic fluid, as demonstrated by Bernard; and confirmed by clinical experience" (Bartholow). It may be that it is better however to give pancreatine with the oil than to use the ether.

A patient with incipient phthisis, under the influence of the climate of the mountains of Western North Carolina, taking daily exercise properly regulated, drinking Koumyss, taking (not too much) cod liver oil, and the suitable remedy for the symptoms as they appear: as baptisia, arsenicum, calc. phos., iodine creosote, china, or what not, stands a very good chance of making steady improvement and complete recovery.

RHUS TOXICODENDRON IN BOWEL DISORDERS.

BY

GEO. W. WINTERBURN, M.D.,

New York.

The poison ivy is never likely to become a routine remedy in the treatment of diarrhœa; and yet it is no way strange that a drug which produces such a profound alteration on the skin and connective tissue, and which influences so greatly muscular fibre, should likewise extend its influence to similar structures in the intestines. Its importance in the treatment of typhoid has, by Carroll Dunham, been well defined, and yet few physicians, I imagine, turn to it except as a *dernier ressort*. The following case is emblematic, and shows the power of rhus at a critical juncture; and yet, it will be noticed, how I floundered round before I hit upon the proper remedy.

Mrs. E. F., aged thirty-two by admission and probably forty by the calendar, already the mother of five children added another olive-branch to the family circle on July 5, 1882. There was no need of any additions to that already too large household, for the whole family, including an ancient grandma, were encamped in a single room, with but one window and a dilapidated door, the accommodations being pieced out with two dark closets into which the sun had never shown. In fact it can hardly have been truthfully said that the sun ever made any special demonstration in the larger room, which was a basement, three steps below the level, and whose solitary window looked out on a squalid bit of earth not much broader than the room itself. The father of this interesting family was an awning maker, and being too irascible and too drunken to obtain work in a respectable shop, carried on his work in a spasmodic way at home.

The advent of the little visitor was hastened some ten days or more by an untoward event, not unconnected

with the oldest child, the premature explosion of a fire-cracker, and the celebration of the 'previous day (the fourth). Labor was normal, except its tediousness; but during the following day the patient took a severe cold, which developed first as a catarrhal bronchitis. On the fourth day metritis set in, the temperature rising to 106° F., with rigors, labored respiration, acute abdominal pains, and delirium. For the earlier conditions she had received bryonia, and for this latter veratrum viride, followed by belladonna. The metritis was well under control by the seventh day, when the temperature was 100° F. On that day sanguinaria was given for the cough, which it partially relieved, but the temperature, having touched 99° F., again began to rise, and soon we had all the symptoms of mucous enteritis.

The conditions were typhoidal in character, the morning temperature being 100° F., and the evening 102° to 102½° F. There was great pain in the abdomen, especially above the umbilicus, and apparently located in the transverse colon. The pain came in spasms, compelling her to draw her knees up to her abdomen, and was accompanied by stools looking and smelling like addled eggs. All the conditions were worse at night. She had no appetite but great thirst. Was exceedingly angry when urged to take beef juice or chicken broth, but would drink cold milk with avidity. Perspiration was profuse and sour; tongue coated white, with red streak down the centre, and red edges; lips cracked and dry; temper irritable. There was one peculiar abdominal symptom. As she lay supinely in bed, the abdomen trembled visibly, like a plate of jelly that is being carried. This was not synchronous with the heart-beat, and seemed to be caused by slight but continuous contractions of the small intestine. She was greatly prostrated, so much so that she could not well turn herself in bed, and complained of a general soreness. Nux vomica, chamomilla,

and asafoetida were given in succession. These allayed the abdominal pains, eased the cough, reduced the quantity and frequency of the stools, but had no influence upon the temperature, pulse, temper, and general condition. Looking the case well over on the thirteenth day, I was struck with the strong resemblance of the case to rhus poisoning, even an erythematous eruption beginning to show itself that day upon both cheeks. I therefore gave her this remedy in the thirtieth dilution in water, a teaspoonful hourly. The mental symptoms were the first to change, the mind becoming dull almost to apathy. Then the stools became more solid and less frequent; and finally the fever abated, leaving only the severe prostration, for which china proved the efficient cure.

I was much disappointed with the non-action of asafoetida. I gave it with much hopefulness, after what I thought was a thorough review of the symptoms. Asafoetida has "visible and perceptible *pulsations in the pit of the stomach*;" stools "yellow, and disgustingly offensive;" "colic, with drawing in the abdomen; loathing for food," with "dryness of the fauces;" and "irritability," with "restlessness and anxiety."

THE IMPORTANCE OF A SUITABLE DIET TO ENABLE HOMŒOPATHIC REMEDIES TO PRODUCE THEIR LEGITIMATE EFFECTS.

BY

MARGARET A. BOSTWICK MOUNT, M. D.,

New York.

It is a well established fact that homœopathic treatment produces its most striking results, when administered to very young children or to some of our domestic animals.

The cause of this we may readily discover in the more natural nutriment with which their bodies are supported, and which do not permit the tissues and organs to be forced into an artificial composition. Na-

ture furnishes them with food, and nature furnishes us with the simple and single remedy to restore the recipient of that food. Whenever accident or surrounding elements have contributed to disturb the healthy equilibrium, which constitutes the normal state of the body.

A great deal of prejudice exists even among the intelligent members of society against the so called vegetarian system of living. This prejudice is by no means singular, for among the adherents and believers in the system there are few propagandists. They are convinced of the superiority of their mode of living and are content. Even if they were inclined to make proselytes, they would meet with formidable obstacles in the shape of cultivated vicious tastes, which have grown for centuries and which we indulge in from habit, and from an acquired abnormal craving.

Vegetarianism has suffered much from its ill chosen name. The believers in its doctrines do not content themselves with simply abstaining from meat and stimulating liquid or solids. They claim for themselves a mode of living as nearly natural as civilization and our civilized surroundings permit. They claim, and justly so, that the use of all merely stimulating food is not only injurious, but is an acquired taste, disagreeable and even nauseous to the pure and uncontaminated cravings of nature, implanted in us by the Creator, as manifested in the child of healthy parents, before it has become accustomed to our mode of living. They object to the use of meat, wine, coffee, tea, chocolate and tobacco, because our organism and nervous system are unsuited to them, and, if not perverted by constant abuse, revolts against them.

It is no longer necessary to ask whether we can live in health to a good old age without meat and other stimulating food; facts have demonstrated this sufficiently, so that it is even acknowledged by the most

virulent opponent of the natural mode of life.

The advocates of animal food seem to lay great stress upon the nitrogen which it contains in large quantities, and which they claim essential to sustain animal life, but while it is conceded that animal flesh contains nitrogen, it is also contended that when the animal has been deprived of life the nitrogen is modified by poisonous emanations, which increase in proportion to the length of time which has elapsed since the animal has been deprived of life, and thus acts injuriously upon the organs of digestion and through them upon the whole system.

But if for the sake of argument, we concede that nitrogen is absolutely necessary to our well being, we will find it, and in less dangerous form, in bread, milk, eggs, beans and peas. *Carbon* is as capable as nitrogen to furnish the system with strength and life power, and with far less dangerous results.

But to the practitioners of the old school, though worthy of examination, it is of far less importance to know how the body, which they are to treat, has been nourished, than it is to us.

They attack it with ponderous doses of medicine (poisons) and treat it chemically. We, who are supposed to rely upon the dynamic powers of our remedies, can naturally look for more speedy and sure success, when the diseased organization which we are called upon to cure, has not been previously steeled against our selected potentized medicines, by having been saturated with chemical poisons foreign to health and natural nutrition.

It is therefore of the utmost importance to us and our success, that we promulgate among our patrons a healthy and natural mode of living, and when we have to treat those who have accustomed themselves to artificial food and drink inimical to their constitutions, endeavor to free the system from those baneful influences, and thus pave the way for a more speedy restoration to health.

We must become the apostles of nature and in season and out of season inveigh against the use or rather the *abuse* of meat, against the habit of using alcoholic drinks, coffee, tea, chocolate and all stimulating spices—against indolence, which eschews walking in the open air, against late hours for retiring or rising, and above all, against the abuse of the passions, which overstimulate the nervous system and weaken the brain.

In proportion as we succeed in this, will we find ourselves successful in our avocation and become the true healers of the people.

TREATMENT OF CHOLERA.

BY

DR. P. JOUSSET.

Paris.

(Translated from the French by F. A. G.)

Indian cholera is the most important of pestilential diseases ; it is characterized by upward and downward evacuations of a whitish fluid, and by cramps ; but principally by a greater or less diminution of the chemical phenomena of respiration ; hence coldness, lividness, smallness and absence of pulse. Cholera is contagious ; its seat of origin is the valley of the Ganges.

Cholera presents itself under four forms : *The common form, the benign form, the atonic form, the foudroyant form*, or culminating asphyxia.

I. *Prophylaxis*. — Consists in *quarantines*, strictly enforced. Their necessity lies in two facts : the contagion of cholera and the impossibility of its spontaneous development in our country. Cholera is always an imported disease, preventible by quarantine ; we have been able in 1883 to see the danger of infringing the just severity of quarantine and the efficacy of its re-establishment. The non-observance of quarantine allowed the cholera to enter Egypt where it raged furiously ; the re-establishment of the prohibitory system prevented the scourge from spreading

over all Europe. Twenty years ago cholera only invaded France and Europe because certain self-willed minds of the board of health would not admit it was contagious and consequently would not strictly enforce the quarantine regulations.

Quarantines need not be very long, because the period of cholera incubation is very short. I have noticed cases in which it has been less than twenty-four hours. Quarantine was often fixed at eight days.

Complete *isolation*, at less than five hundred metres from an infected locality, has sufficed for protection of habitations. Hence the protection to certain convents and prisons. Choleraic evacuations constitute the most active agent for the transmission of the disease. However night-men do not seem to take cholera. Burg's statements have shown that workers in copper are generally safe in the midst of epidemics.

Homœopathic physicians agree generally upon prescribing copper, arsenic and veratrum in alternation as preventive medication to cholera. These drugs are taken in the 6th or 3d dilution, one dose daily at first, then after fifteen days, a dose every two days. A copper plate worn next to the skin has also been recommended.

The regimen should be extremely strict during the time of the epidemic ; not only should all table excesses be avoided and the use of food and beverages which may cause diarrhœa, but chills and all kinds of fatigue should be guarded against. Alcoholic excesses are certainly the most powerful occasional cause of cholera.

M. Jules Guérin has laid much stress upon the treatment of the *premonitory diarrhœa of cholera*. But the distinguished surgeon, inventor of the *sub-cutaneous method*, is a physician with whom the spirit of system takes readily the place of clinical experience.

When diarrhœa appears as the first symptom of cholera, which is the rule in mild cases, it is not stopped with a

few drops of laudanum, because cholera in evolution is not stopped any more than variola or typhoid fever in evolution. If M. Jules Guérin has said that diarrhœa in time of cholera epidemic must be treated severely he has only expressed ordinary opinions by reason of their truth. As to the story of premonitory diarrhœa as described by him it is a mere romance.

II. *Treatment of the benign form.*—The mild form or *cholérine* is usually characterized by a watery pale, rice-water diarrhœa. In a higher degree, vomiting and cramps; but never any sign of asphyxia.

1st. The principal drug is *phosphori acidum*; it is indicated by the character of the diarrhœa; it should be prescribed in the third dilution, a dose every two hours.

2d. *Ipecac* will be alternated with *phosphori acidum*, if the diarrhœa is complicated with vomiting; the dose is the first decimal dilution, one dose every two hours.

3d. Finally, should the case be more serious, with cramps, *veratrum* or *cuprum* would be indicated.

III.—*Treatment of the common form of cholera.*—The common form shows evacuations upward and downward, cramps and asphyxic symptoms. But it is characterized by the regular succession of two periods: *coldness and reaction.*

A. *Treatment in the cold period.*—Quite at the outset, if the diarrhœa, exists alone, *phosphori acidum* will be the principal drug to administer as in the benign form; if vomiting accompany the diarrhœa unless the coldness be already pronounced, *ipecac*. 1st to the 10th trit. should be prescribed every half hour. But if the general symptoms precede the evacuations, *camphora* is a heroic drug.

1st. *Camphora* quite at the outset: coldness, great weakness, lipothymic condition, cramps, commencing lividness, no evacuations or very few in number. Camphor is prescribed in the form of spirit, a few drops on some sugar, a dose every ten minutes.

2d. *Veratrum* is the principal drug of the completely developed cold stage. It is specially indicated by very copious rice-water evacuations; by decided coldness, violent cramps, and sometimes absence of pulse. In the Charroux epidemic, with globules of the sixth dilution only, we had remarkable success. Generally, the third dilution is used in preference; some physicians prefer the mother tincture: the doses should be given every half hour.

3d. *Arsenicum*.—Acute poisoning by arsenic shows a perfect picture of cholera in the cold stage, as in the case of the Duke de Praslin who poisoned himself with arsenic. Louis diagnosed a case of cholera. I. P. Tessier, towards the end of the epidemic of 1849, preferred arsenic to veratrum in serious cases without having it preceded by veratrum.

The symptoms specializing the indication of arsenic are restlessness, agony and a more decided fear of death than usual, *sensation of internal burning*, with most violent thirst, completely suppressed pulse, pronounced asphyxic symptoms.

The third trituration is usually prescribed, two or three doses in the space of an hour; we may descend to the 2d and 1st centesimal trituration. In the latter case, the drug being much repeated not more than twenty centigrammes must be put in two grammes of water, a spoonful every twenty minutes.

4th. *Cuprum* is specially indicated by violence and persistence of the cramps; by the predominance of the vomitings which are violent and painful. Hahnemann preferred it even to veratrum. The 3d and even the 6th trituration have always seemed to me sufficient. Allopaths have used enormous doses of acetate of copper without much success.

5th. *Aconitum*.—Aconite is a drug suitable to the cold stage of completely developed cholera. The picture of choleraic indication is met with in poisoning by aconite and aconitine: even coldness of the tongue, cyanosis,

imperceptible and irregular pulse, cramps and suppression of urine. Dr. Hempel, thirty years ago, called attention to aconite in the treatment of cholera. Dr. Cramoisy presented a paper to the Academy of Medicine on the efficacy of aconite in cholera; he published numerous observations of cure. Strong doses of the mother tincture have been prescribed by Hempel and Cramoisy.

We would remark that aconite does not respond so well as veratrum and especially arsenic to the suppression of the pulse and urine, in short it has not that notoreity for it like the three drugs used by the generality of the followers of Hahnemann, and that it will need further observation to fix its real worth.

6th. *Carbo vegetabilis*.—When the collapse is near to agony and resists other drugs; when asphyxia is advanced and pulse absent, we have still one resource in the use of carbo vegetabilis, and English physicians are wrong in not using this drug. We must not expect this or any other drug to bring the dead to life; but it is sufficient that in certain apparently desperate cases carbo has arrested the collapse and brought on reaction, that it should be looked upon as a very energetic and very certain medicament. We have always used it in globules of the thirtieth dilution, dose every quarter of an hour.

B. *Treatment in the reactionary stage*.—Febrile movements, inflammations and visceral congestions, suppression of urine will fix the indications.

1st. *Aconitum* is indicated by a clearly established febrile motion; pulse strong and full; redness of the face; general heat and thirst; continuation of the diarrhœa is a further sign for the prescription of aconite.

2d. *Belladonna*.—Belladonna should be prescribed if the brain is affected during reaction. Congestion of the face, throbbing of the carotids, eyes brilliant and protuberant; dilatation of the pupils, delirium, pronounced albuminuria.

3d. *Opium* on the contrary will be indicated when somnolence prevails and especially if the coma is complete with stertor and dilated pupil these two drugs are prescribed in the 6th or 3d dilution; a dose every two hours. If the diarrhœa is persistent during the period of reaction, arsenic will be still the principal drug unless the diarrhœa continues in spite of the use of this drug during the cold stage.

4th. *Mercurius corrosivus* is prescribed if the stools are small, green, sanguineous, slow, with colic and tenesmus; the 3d dilution is usually sufficient.

5th. *Secale cornutum* is extolled by Drysdale and Russell for watery, abundant and painless stools, (Richard Hughes, *Manual of Therapeutics*, p. 105).

6th. *Phosphorus* and *phosphori acidum* are used when the diarrhœa is persistent after the disappearance of other symptoms. For absence of urine, after the cessation of the cold stage, Richard Hughes thinks highly of *cantharis*, *terebinthina* and *kali bichromicum*. To which I would add *digitalis*—a precious medicament of true anuria.

IV.—*Treatment of the ataxic form*.—This form also called the typhoid is characterized by the apparent mildness of the cold stage, by the length and gravity of the following reaction, in cases of death, by a terminal cold period.

Treatment of the cold stage is the same as in the preceding form, with this difference that camphor is more often indicated. Independent of aconite, belladonna and opium, whose indications have been formulated as to the common form, and which would often find their use in the reactionary stage of the ataxic form, we would notice three remedies, *lachesis*, *secale cornutum* and *nuxvomica*.

1st. *Lachesis*, like *secale cornutum*, suits the treatment of visceral inflammations, progressive and terminal chilliness, which is the pathological characteristic of the ataxic form.

Lachesis is more particularly indicated by the inequality of the reaction, whether the warmth reappears only in one part of the body, whether having reappeared, it disappears again to still reappear. The lipothymic state and tendency to syncope is again an indication for lachesis; as it is also the same for the predominance of cerebral affection and for the comatose condition mingled with asphyxia resulting therefrom.

2d. *Secale cornutum* is chiefly indicated by cold and other symptoms of collapse and principally by the continuance of a copious diarrhœa, rice-water and painless.

3d. *Nux vomica* has been often used by I. P. Tessier, in the reactionary period of the ataxic form, against persistent vomiting, but this drug would not be suitable if collapse had commenced.

V.—*Treatment of the foudroyant form.*—This asphyxic form, *black cholera* of authors, is characterized by culminating asphyxia. In the common form the symptoms of asphyxia show themselves successively: in the culminating form, cyanosis is present from the outset at the same time as the cramps and evacuations. Let us add that the cyanosis acquires from the first hour a great intensity and that the pulse weakens and disappears from the beginning.

This form is nearly always mortal. This fatal ending is due as much at the same time to the violence of the disease and to the want of absorption preventing the action of the medicines. I have not succeeded with inhalation, pulmonary absorption being suppressed as is that of the stomach. Dr. Drysdale has administered arseniated hydrogen by inhalation. I do not know if he was thus successful. Medicines administered by the hypodermic method might perhaps be more successful.

Hydrocyanic Acid.—This drug is indicated when the patients are suddenly struck down, the pupil dilated, the eyes prominent, sight diminished or gone, breathing weak, intermittent,

insensible, pulse small or insensible in one arm or completely disappeared; general coldness; involuntary evacuation.

Dr. Sircar who practiced in India, speaks in these terms of hydrocyanic acid: "And in fact, it is the only remedy when the pulse disappears, the breathing is slow, deep, painful or difficult and spasmodic, separated by long intervals during which the patient appears dead. If any drug deserves to be spoken of as a charm it is certainly this one; it seems sometimes to resuscitate a corpse." (Richard Hughes, loc. cit. p. 105). The dose is not mentioned. We have used the fifth dilution; we think a stronger dose might be used, the second dilution for instance. As to ponderable doses, it must be remembered that in patients struck with foudroyant cholera absorption is suspended and consequently medicament doses may accumulate in the stomach and become toxic at the reactionary period.

Veratrum, arsenic, camphor and *carbon* may be prescribed according to the indications named in regard to the treatment of the common form.

VI.—*Regimen and hygienic rules.*—During the cold period every effort shall be made to warm the patient by dry friction and especially by accumulation of heat to the exterior; rubbing the limbs to lessen the cramps; giving iced and gassy drinks to satisfy thirst and prevent vomiting. In certain cases very hot alcoholic drinks are desirable and comfort more than cold drinks. During the period of reaction broth in very small quantity as food is given, and a strict régime must be observed during convalescence.—*L'Art Medical.*

The *Investigator* makes a noteworthy suggestion, that if each alumnus of our homœopathic medical colleges would present to his *alma mater* a volume, our colleges would soon have fine libraries.

THE

AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor:

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors:

Profs. S. P. Burdick, E. M. Hale, E. C. Franklin.
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood. Drs. G. N.
Brigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millspaugh, Mrs. J. G.
Brinkman, Mrs. Julia H. Smith.

Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless endorsed in our editorials.*

SUBSCRIPTION, \$2 per year, in advance. For accommodation of subscribers, this journal is not discontinued until an order is received to that effect.

Remittances may be made by Post Office order, check or inclosed in a Registered Letter, at our risk.

A. L. CHATTERTON PUB. CO.,

New York.

EDITORIAL.

It is with very great pleasure that we give space in this number to the initial article of a series from the pen of the venerable Professor Buchanan. A personal acquaintance and devoted friendship of nearly twenty years gives us a right to speak with emphasis as to his marvelous ability, originality, and comprehensive knowledge. For many years it has been our earnest wish that the experiments and experiences of fifty years in the study of physiology and its cognates might be made available to the medical profession. Professor Buchanan's work in this direction is unique, but when fairly understood will be found beautifully complete and comprehensive. His discoveries in physiology are among the most important of the century, and will place his reputation on a firm founda-

tion as one of the master minds in the world's history. His work on Sarcognomy is just being published, and will soon be followed by one on Anthropology.

* * *

The influence of climate on consumption, and the value of a mild, even temperature as an adjunct to treatment is a much discussed topic. Somebody goes somewhere and gets better, and immediately the news is heralded abroad that such and such a place is the long-searched for Eldorado. Now it is Central Canada, again New Mexico, then Colorado, or Aiken, or the Adirondacks, and the latest of these bepraised localities is Western North Carolina. A picturesque description of this last-named locality is given in the current number of *Lippincott's*; but it will hardly seem enticing to an invalid, and must be rather discouraging to those who are trying to boom the place. Persons may go to Western North Carolina and recover from an incipient phthisis; they *may* go anywhere and do that. But many will go and come back, as they have done from all the other boomed resorts, worse than they went. A year's immolation in the wilds of the Adirondack region will sometimes cure and often alleviate; but how often does the victim return to civilization, after a prolonged seclusion, only to find in a few months the fancied restoration a delusion and disappointment. Consumptives can be and are cured at their homes; and probably as many may be thus reclaimed as are by isolating them from home, kindred, and all the congenial and accustomed associations of life. The expense attendant upon sending the

patient on these will-o'-the-wisp adventures is generally a severe burden on the whole family, causing often real privation for years; and few would make the sacrifice if they knew beforehand its average futility. It is an easy way of getting rid of a case one has not the leisure or patience to study with sufficient care to select the similimum; many doubt that such a similimum exists, and will not try; but it is nevertheless true that the properly-selected homœopathic remedy will cure, without a change of climate, and often in spite of very untoward surroundings.

* * *

We mentioned, in a previous issue that the young gentlemen of the New York Homœopathic College had arranged to publish a monthly paper, which should serve as a means of interest and instruction to themselves, and serve to keep up the *esprit de corps* among the alumni. The first number has appeared, entitled the *Chironian* (does this mean the *Gesticulator*, or has it reference to a corn-cutter?) and is creditable in manner, matter and impression, to all concerned. The *Chironian* will be issued semi-monthly, at a dollar and a half a year; but presumably will take a little rest during the summer months. It is managed, edited and entirely controlled by the students; but it has the approval of the faculty, and we hope will have the liberal support of the alumni. The managing editor is Eugene H. Porter, who may be addressed at the College building. May it live long and prosper.

* * *

A correspondent calls attention to

a new anæsthetic which has been used with much success recently in this city. It seems to have advantages over those in ordinary use, and experiments with it will be watched with interest. It is desirable that its original name, Erythroxyline, given to it by its discoverer, Prof. Percy, should be retained, as the name under which it is now mentioned, Cocaine, does not as definitely indicate its origin.

COMMUNICATIONS.

DEAR DR. WINTERBURN.—In the "Medical Record" of Oct. 11th, there is a very interesting letter from Dr. H. D. Noyes, of this city, upon the local anæsthetic effects of the alkaloid of the Erythroxyton Coca during surgical operations upon the eye. The discovery of the anæsthetic effects of this alkaloid was made by Dr. Koller of Trieste.

This alkaloid has been imperfectly called Cocaine. It was first discovered by Dr. Samuel R. Percy, of this city, who exhibited it and read a paper on its method of preparation, its chemical and physiological properties in the New York Academy of Medicine, Dec. 2, 1857. The records are to be found on the books of the Academy. Dr. Percy named it Erythroxyline, to distinguish it from any of the products of the Cocoa bean.

Many years after this the alkaloid was again described by Niemann, in Germany, and he called it cocaine. American Surgeons and Physicians should insist on using the name Erythroxyline, the name first given to it by the discoverer, an American.

F. CROSBY.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

The Regular meeting Hom. Med. Society, of the County of New York, was held on Oct. 8, 1884; Dr. F. E. Doughty, Pres't, in the chair.

The minutes of the last meeting were approved as read. The Secretary announced that as there was not a quorum present on the 9th September there was no meeting.

Dr. Norton nominated for membership Alton G. Warner, M. D., 201 E. 23d street, Grad. N. Y. Hom. Med. Col. 1883. Seconded by Dr. Beebe.

The Executive Committee reported favorably on the propositions of Drs. H. D. Schenck, C. C. Howard, R. E. McDonald, who were balloted for and elected.

The President, Dr. Doughty, stated that Drs. Burn, and Sylvester of Portland, Maine, were present, and with the approbation of the Society would invite them to participate in the proceedings.

Report of the Bureau of Obstetrics. Dr. McMurray, Chairman of the Bureau, raised the point, whether the papers which were to have been read at the last meeting, but were left over as there was no meeting, did not take precedence over the papers of this meeting as unfinished business.

The President decided that as they had never been before the Society they could not be considered unfinished business; which decision was sustained by the Society.

Dr. Danforth read a paper on "The Management of the Membranes during labor."

Dr. McMurray agreed with Dr. Danforth's remarks; he believed that care to preserve the membranes from premature rupture was very necessary; in making examinations he was always careful to avoid a rupture, and considered it a misfortune if a rupture took place before the os was dilated.

Dr. Danforth said he had endeavored to impress this point in his paper. He believed the membranes should not be touched till the os had

dilated to about four fingers breadth or until it was soft and dilatable. The object was to keep the condition of the patient in view and assist when necessary.

Dr. J. E. Lilienthal believed there was more danger in premature rupture of the membranes in primiparæ than in multiparæ before the os is dilated. He had seen cases in which the membranes were tough and hard, and as soon they were ruptured the delivery was quickly accomplished. In cases of excessive quantity of liquor amnii he has seen the lower portion of the uterus very much dilated and bulging, but questioned the probability of diagnosing in every case that it was due to liquor amnii; had seen a case in which the membranes were ruptured, where this bulging took place and it was claimed by the attending physician to be due to stretching of the lower segment of the uterus, with danger of rupture of the uterus.

Dr. Danforth said that an excess of liquor amnii could not be diagnosed from one symptom, but from several symptoms; the easy mobility of the child in the uterus; size of the abdomen, internal examination, etc., general features of the case.

Dr. Burn of Portland, Maine, being called upon by the President, said he was much interested in the paper presented by Dr. Danforth; the premature rupture of the membranes during confinement has always been regarded by him as a misfortune, though it has been his practice to rupture the membranes more often perhaps than other physicians of his acquaintance.

Dr. Sylvester, of Portland, Maine, was next called upon. He has occasionally ruptured the membranes in cases of confinement and never met with bad results; usually it was where they were an obstruction.

In answer to the question as to the best agent that could be used to rupture the membranes with, Dr. Danforth suggested the finger nail, or a straightened hair pin carried upon the

finger. Dr. McMurray said he had used a blunt pair of scissors.

Dr. Phœbe J. Wait read an interesting paper on "Rigidity of the os uteri, with cases."

Dr. Cowl.—The subject of rigidity of the os in the pregnant and non-pregnant uterus has much interest to me. The authorities cited do not speak definitely of the distinction between the spasmodic and organic rigidity. After watching and examining many cases it seems to me that it may be true that a spasmodic contraction is a spasm of the internal os; and organic contraction is the non-softened condition of the os externum. I have noticed the os in many cases at term in abortions and where there have been fibroid tumors, and believe I am confirmed in my idea. The external os is that portion which is ruptured in labor, frequently to such an extent that pathological changes afterward result. The spasmodic contraction is met with frequently and is that form which yields to manual dilatation. Where there is a rigidity of the external os the best plan to avoid laceration of the cervix is to place the patient in Sims position and nick the cervix in a number of places.

Dr. McMurray said there is very often a difficulty to ascertain whether pains be false and spasmodic or regular; he believes the spasmodic pains are irregular contractions of the circular fibres of the uterus; examination usually shows that they are not of an expulsive character; there being no downward pressure; he thought it well in such cases where homœopathic remedies would not act, to use anodynes to produce rest and quiet and when their effect passes off the regular pains usually come on.

Dr. Danforth said he had seen twenty drop doses tinct. opii act well in such cases.

Dr. Wright mentioned a case in which she had been assisted by Dr. Burdick; the os would not dilate; but on the introduction of the hand and gradually slipping the os back over

the head as far as possible several times dilatation was accomplished.

Dr. W. W. Pratt presented "a case from practice."

On motion an extension of time was taken.

Dr. McMurray read a paper on "The nurse."

Miscellaneous business.

Dr. E. Jennings-McDonald presented her resignation from this Society, which was on motion accepted.

A communication was read from Dr. Deady, resigning from the position of Secretary and membership in Society, on account of his leaving the city.

Communications were read from Drs. W. Donovan and F. C. Donovan resigning from the Society for the reason of their giving up their office in this city.

No action was taken on these resignations; the President deciding that removal from the city severed connection with the Society.

The Society then adjourned.

ABSTRACTS.

THE NUTRITIVE VALUE OF FOOD-STUFFS.—The researches of Pettenkofer and Voit on the nutritive value of albuminates, fats and carbohydrates, and the part that each plays in the economy of digestion, metabolism and nutrition, will long take their place among the most brilliant examples of the triumph of the true scientific method, *i. e.*, of experiments ingeniously conceived and carefully carried out, so as to exclude or to neutralize each possible source of error, over the crude experiment, whether presenting itself casually or undertaken without previous adequate precautions, and the other alternative of deductive speculation, as seen in the observations or experiments of Beaumont, Bidder, Schmidt, etc., on the one hand, and the attractive but dubious conclusions of Liebig and Frankland on the other: none of which are to be considered free from sources of error.

But if one were to judge from the way in which not merely popular, but more serious books on physiology and hygiene—nay, even university examination papers—occasionally refer to flesh-forming foods, to respiratory foods as sources of heat, and to the relative quantity of energy contained in given weights of any aliment, one would think that they were still unknown in this country. Yet the practical value of their results is so great, and the consequence of acting on the hypothesis of the aforesaid speculators might be so serious, that it will not be a waste of time to review the present state of our knowledge on the subject of dietetics.

Liebig, whose fertile imagination led the way to discoveries of the highest importance, although the same discoveries often brought about the rejection of the hypothesis which first suggested the lines of investigation, proposed the earliest rational doctrine of nutrition. In his researches on the food of plants, which have revolutionized agriculture, created new industries, and increased the food-producing capabilities of the Old World, he showed that we could learn from the composition of the vegetable ash what minerals entered into the constitution of the plant, and by supplying them in the right proportions, enable almost any soil to carry any crop. From this he reasoned to the animal, with this difference, that the latter must have his food provided already in the complex organic forms of the albuminates, carbo-hydrates and fats. Since nearly all tissues contained nitrogen, it was evident that they could be built up and restored only by nitrogenous materials; that is, that albuminates alone could be applied to tissue formation. So far he was right; but when he began to speculate as to the actual processes of nutrition, he went wrong.

Recognizing in metabolism the only source of functional activity, he assumed that each organ, in the exercise of its functions, consumed a

certain proportion of its substance, and that, consequently, albuminous nutriment must be provided in direct proportion to the activity put forth. Albuminates he distinguished as plastic or flesh-forming food; the fats and carbo-hydrates he considered to be no more than fuel for the production of heat, and he therefore called them respiratory food.

According to this theory, the elimination of urea should be proportioned to the amount of energy put forth, and also to the amount of albumen in the food. But such is not the case. For a short time the difficulty was met by the theory of *luxus consumption*, which assumed that, when more albumen was ingested than was required for the repair of the tissues, the excess underwent combustion in the blood with evolution of heat, thus playing the part assigned to the carbo-hydrates and fats. The measure of the necessary albumen was inferred from the excretion of urea observed during abstinence from all nitrogenous food.

Moleschott raised the first protest against the speculations of the famous chemist; but it was Voit who demolished the whole theory, by showing that albuminous metabolism is not increased by exercise, and that the albumen metabolized by a fasting animal is insufficient, even when combined with the due proportion of carbo-hydrates and fats, for the maintenance of life; while severe muscular exercise does not augment the excretion of urea, though it does that of carbonic acid enormously.

Voit's experiments clearly point to the conclusion that the greater part of the albumen taken in the food is accumulated *pro tempore* in the general fluids of the body, whence so much is withdrawn by the tissues as is required for their repair, and that this fluid albumen is far more easily metabolized than that which has already entered into the structures. In a previously well-fed dog the daily excretion of urea during the first days of fasting

was no less than sixty grammes ; but when the stock of free albumen was exhausted it sank to ten or twelve ; while in one that had not previously had more than was necessary for the maintenance of the *status quo*, the excretion never exceeded fourteen ; since the hardly metabolized organized albumen had to be drawn on almost from the first. The increased excretion of urea, in certain pathological conditions, is owing probably to the loosening, as it were, of the bonds of the albumen in the tissues, which is thus brought into the easier metabolized condition of the dissolved albumen. In health a certain excess of albuminous food above the actual needs of the tissues—in other words, an ample stock of albumen, dissolved in the juices of the body—appears necessary to great functional activity, and to afford the power of resisting injurious influences, as exposure to the elements or disease ; but if the ingestion of albumen be continued in greater excess the surplus is immediately subjected to metabolism, the excretion of urea depending on the albumen ingested and not on the amount of muscular activity, as Liebig supposed. Yet albuminous metabolism can never be entirely suspended, and is practically the same in animals fed entirely on non-nitrogenous food as in those actually starving. Albumen alone can, however, maintain life, though not health, for a considerable time, and can thus replace the fats and carbo-hydrates, whereas the converse is not the case.

The experiments of Pettenkofer and Voit, of Plosz and Gyorgyai, Maley, Latschenberger, and others, tend to the conclusion that peptones can entirely fulfil the functions of albumen, while they are more easily metabolized than the unaltered albumen, whereas gelatine can replace it so far only as regards metabolism, being incapable of entering into the formation of the tissues. The clinical value of these facts is obvious.

The impulse to metabolism seems to proceed from the cells themselves

and to be more of a vital than of a chemical character ; the oxygen combining rather with the products of the splitting up of the food-stuffs than directly and primarily with them, as Liebig taught. Thus in the opinion of Franke, an increased destruction of tissue is actually induced by a deficiency of oxygen in the system ; at any rate, this is certain, that there is little or no relation between the facility with which any given substance combines with oxygen, *i. e.*, burns in the air, and under the totally different conditions under which it finds itself in the animal body. Thus fats are clearly less easily metabolized than carbo-hydrates, and albuminates are far more so than their slow combustibility would lead one to anticipate. Albumen splits up into products, one of which is fat, and the others, immediately or remotely, carbonic acid and water. It is, therefore, the probable source of the fat stored up in the body ; and the apparent fat producing power of carbo-hydrates is owing to their easy metabolism effecting a saving of the albumen which would otherwise have been employed in the production of heat and force.

Experiment on the living animal shows this very clearly. For instance a dog which, on a diet of 1,000 grammes of pure flesh and 500 of fat, gained weight for over a month, began to lose weight when the flesh was increased to 1,500 grammes, without a corresponding increase in the non-nitrogenous food. And again, Frankland's estimates of the energy contained in equal weights of each article of food, based on the heat given off in their combustion, are not confirmed by experiment or by common experience. These points cannot be determined *a priori* by chemists, but must be decided by carefully conducted physiological experiments. It is, we repeat, by the influence exerted on the vital cell-processes that metabolism is increased or diminished, rather than by an act of substitution ; thus, while alcohol, the most combustible out of the body of all foods, but

by no means the most easily metabolized in it, in large doses depresses that action and lessens tissue-change, albumen, hard to burn, but most easy of metabolism, excites it almost in direct ratio to the quantity ingested, or rather to the proportion it bears to the other food-stuffs. We are far from maintaining that every conclusion of the Munich physiologists is beyond criticism, but they are clearly working in the right direction, and their results must lead to a great change in our views and practice, especially in the dietary of the sick-room, and in our ideas of the value and action of alcohol.—*British Med. Journal.*

BOROCITRATE OF MAGNESIA AS A SOLVENT OF URINARY CALCULI.—

Dr. N. Perez (*Boletín de Ciencias Médicas*, Guadalajara Estado de Talisco, Mexico) refers to the case of a boy, four years old, having a large calculus in his bladder. Before performing an operation he tried the application of the borocitrate of magnesia, of which he gave fifteen grains dissolved in one ounce of syrup, one to three table-spoonfuls every day. After three days of this treatment a good deal of white sediment appeared among the mucus in the urine, which continued about one month, the other phenomena disappearing, so as to cause belief in the recovery of the boy.

In consequence of this result the doctor proposed the same treatment in another boy having a large calculus in his bladder, for which an operation was contemplated. One month of this treatment was given, the urine during this time having a yellowish sediment. At one time he was called on account of severe symptoms of incomplete obstruction of the urethra near the glans. The doctor perceived something hard, which was really a foreign body in the urethra. He removed it with the forceps and it was found to be a small calculus. A slight urethritis followed after symptom disappeared.

In both cases there is no doubt but that the calculi were composed of different salts, as the sediments were of different color, which shows that the medicine acted on both in the same way.

The formula of the remedy is :

Carbonate of magnesia . . . 15 gr.

Acid citric,

Borate of soda āā 3 ss.

Aq. fervent., q. s. ut solvatur.

This solution is spread on a glass for evaporation, obtaining in this way a salt in laminae, which is the borocitrate of magnesia and soda.

This salt was claimed to be a good dissolvent of the urinary calculi by Becker, and Madsen made comparative experiments with the benzoate of lithium, demonstrating the superiority of the borocitrate of magnesia.

A CANDLESTICK IN THE UTERUS.

—The following curious case is found related in *Le Courrier Medical* of August 25, 1883. A woman, aged 49, subject since puberty to periodical attacks of mania, but with lucid intervals, was admitted to hospital on account of an abundant and foetid leucorrhœa. Examination of the uterus showed a cervix covered with granulations and irritated by a discharge coming from the womb. A sound which was introduced struck against a metallic body. This was removed and found to be the brass socket of a candlestick, measuring three-fifths of an inch in length, and four-fifths of an inch in diameter, with a rim $1\frac{1}{2}$ inch in diameter. This socket was evidently detached from a candlestick introduced at some time into the vagina. The last pregnancy dated back twelve years, so the foreign body could hardly have been introduced at that time before the involution of the uterus. And yet it is difficult to conceive of a contracted uterus, in a woman past the menopause, seizing and drawing up into its cavity so large a body as that described.

DURATION OF THE MENSTRUAL HÆMORRHAGE IN RELATION TO THE DEVELOPMENT OF THE FÆTUS AT TERM.—The *London Medical Record* summarizes a paper by Cuzzi (*Revista Clinica and Annali Univ. di Med.*, July, 1883), in which the author seeks to establish his conclusions on the basis of much statistical material collected in the clinics of Modena, Milan and Turin. He was led to this research by the idea that by the amenorrhœa of pregnancy a so much greater quantity of maternal nourishment was retained for the benefit of the fœtus, as the sanguineous loss was greater in menstruation. Not being able to determine exactly the quantity lost at each period he took its duration as a guide which, considering the number of his observations, may be regarded as more or less equivalent. As to a longer duration of the menstrual hæmorrhage a corresponding ovarian activity can be supposed; so, also, the hypothesis may be justified of a more easy rupture of more ovisacs, and a greater probability of multiple pregnancy. From the analysis of very numerous observations Prof. Cuzzi thinks himself justified in formulating the following conclusions:

1. The weight and length of the fœtus at term are in direct relation with the number of days of menstruation occupied. The longer the usual period of menstruation the heavier and larger the fœtus.

2. There is a direct relation between multiple pregnancy and the duration of the menstrual period. That is, multiple pregnancy is most frequent in women in whom the period is long and the loss free.

EXPAND THE CHEST.—Cultivate fully expanding the chest in treating all chronic diseases. All chronic invalids take less oxygen into the blood than the physiological needs of the system demand. All cacoplastic materials are but the half-

oxydized retrograde debris of nutrition, and have been made insoluble by the lack of oxygen in the blood. In point of experience, habitual expansion of the chest will cause an increase of the red globules in the blood. This fluid lives off of the system at large—replenishes itself from all the organs and fluids; in return it carries oxygen and food to all of them. The oxygen is used by the tissues to verify the protoplasmic elements of the cells; it is also used to liquify and make soluble for easy removal the retrogressive products of assimilation that have gone through the laboratory of the protoplasms of the cells. Hence oxygen is the out-and-out vivifying element of the body, and the main leg life stands upon—necessarily of paramount importance to the maintenance of health. Then there is a vital point attained in cultivating the power of the body to take in oxygen. The capacity of the system to take in oxygen is only within very large limits fixed. The muscles and nervous system, along with the active glands—like the liver, etc.—are great consumers of the oxygen; the power of the blood to take it in depends on its number of red disks. But to increase these doses must always depend on the capacity of the respirators and the lungs to run the pump, and the protoplasm to work up the oxygen. Full breathing and good hygiene will cure consumptive habit, scrofula, dyspepsia and nervous diseases. Feeble children need to be taught the art, so do feeble women. Try it.—*Geo. Eclectic Med. Jour.*

KALI BICARBONICUM AN ANTI-DOTE TO IODOFORM-INTOXICATION.—Dr. Zehring uses a great deal of iodoform in his surgical practice and witnessed several times disturbances in the general health from it, which are easily removed by a watery solution containing 5-10 per cent. Kali bicarb., a tablespoonful every hour.—*Allg. Med. Chir. Zeit.* 21, 1884.

LITERATURE.

Dr. Hartigan, of Washington, has written an interesting monograph on trismus nascentium, in which he reviews the theory of Marion Sims as to the pathology of this disorder, and gives a number of illustrative cases.* Dr. Sims' theory first appeared in the *American Journal of the Medical Sciences* for 1846. He there said: "That trismus nascentium is a disease of centric origin, depending upon a mechanical pressure exerted on the medulla oblongata, and its nerves; that this pressure is the result, most generally, of an inward displacement of the occipital bone often very perceptible, but sometimes so slight as to be detected with difficulty; that this displaced condition of the occiput is one of the fixed physiological laws of the parturient state; that when it persists for any length of time after birth, it becomes a pathological condition, capable of producing all the symptoms characterizing trismus nascentium, which are relieved, simply by rectifying this abnormal displacement and thereby removing the pressure from the base of the brain." In illustrating the great rigidity of the frame, in one of the cases he reports, he caught hold of the feet and raised the whole body without flexing the thighs on the pelvis. He then ran his hand under the head for the purpose of elevating the body in the same way, when he immediately detected a remarkable irregularity in the feeling of the bones. It had lain during the whole of its illness exactly in one position all the time, the weight of the head resting wholly on the os occipitis. The pulse was uncountable, and the breathing from 120 in a minute was reduced to 70, with a corresponding amelioration of the other symptoms. This occurred within ten or twelve minutes after he had taken

up the child for examination—and in this way he discovered the relation of *position* to the disease. The child dying the next day, a post-mortem examination showed the superficial vessels of the brain full of black blood, and coagulum occupying the whole length of the spine. Dr. Hartigan gives about fifty cases confirmatory of this theory, and showing the value of position in their rectification and cure. This method is certainly worthy the impartial consideration of the medical profession, and seems to be the key not only to the therapeutics but to the prophylaxis of this deadly scourge of infantile life.

An amiable old imbecile of Boston has added one more to the puerile attempts to sneer homœopathy out of existence; but "organized error," as he terms the new school in medicine, unblushingly survives. A man who quotes inoculation for small-pox as one of the great advances in medicine in the eighteenth century, and has not learned that so deadly was its effects that the British parliament, nearly half a century ago, made it a penal offense to inoculate, can hardly be supposed to know much about the history of medicine. Under the title of *Myths in Medicine** he endeavors to connect the beliefs in talismans, charms, and magical arts with that in homœopathy. He carefully accentuates the use of the words *potency*, *dynamic*, etc., by the ancient writers on magic, and imagines he proves something. To him Hahnemann is a knave, who stole the lore of mediæval writers and palmed it off as original; homœopathic pharmacists are knaves who pretend to make and sell potencies which they know contain not one particle of medicine; and homœopathic physicians are knaves who pretend to cure diseases by potencies,

* *The Lock-Jaw of Infants; Trismus nascentium, or Nine Day Fits, Crying Spasms, etc. Its History, Cause, Prevention, and Cure.* By J. F. Hartigan, M. D., 12 mo. pp. 123. (New York: Bermingham & Co.)

* *Myths in Medicine and Old-Time Doctors.* By Alfred C. Garratt, M. D., 12 mo., pp. 242. (New York: G. P. Putnam's Sons.)

while secretly giving strong doses. We are all *knaves*, but if we would only renounce the name of Homœopathy, all would be forgiven! And he ends with, "all homœopathic physicians are cordially invited to lay aside their dogmatism and pathy, and come and join the great body of regular physicians, *where they shall be honored*"; so that there shall be one body, one library, one faith, and one practice."

Dr. Freligh's Domestic Practice has reached the dignity of the *fourteenth* edition, showing that it has proven acceptable to many readers, and now appears in a neat and convenient volume, printed on fine paper and handsomely bound.* We consider it far inferior as a handbook to Hering's or Ruddock's, but it undoubtedly has been the means of carrying help to many sick and suffering, and so deserves commendation.

One of the most important of recent medical publications is the noble volume on disease in children, from the pen of Eustace Smith.† This is the first attempt to treat in amplitude the whole topic of disease in early life. Dr. Smith here gives a full and very clear description of every form of illness incidental to childhood, which is capable of being modified by the early age of the patient. Only such diseases have been omitted which, like diabetes, present the same characteristics in child and adult alike. The author's great opportunities for observation are here utilized for the benefit of the entire profession, and the result is a work of real value to the general practitioner. In matters of diagnosis, pathology, causation, morbid anatomy and symp-

tomatology this grand work is a reliable guide. In treatment, while a homœopathic physician would differ often as to drug-indication, and always as to dosage, yet the author depends so much upon quiet, rest, appropriate food, fresh air and sunshine that we are generally in accord with him. He says: "In the case of a young patient, judgment in feeding and care in sanitary arrangements not seldom constitute the sole necessary treatment of the illness. Such measures will often restore the health without the aid of physic; or if physic seems called for, the remedies needed are simple and few. But whatever the nature of the malady, and however elaborate may be the medication required, the details of nursing should always take precedence of those of drug-giving."

Prof. Hawkes, the well-known materia medica man of old Hahnemann, Chicago, issues a commendable little work for the convenience of students.* In it he gives, under the name of each drug, a few of its more characteristic symptoms. This enables a student to memorize these "key-notes," without being confused by the multiplicity of symptoms. It is a good idea. The publishers have brought it out in very creditable shape.

Dr. Comstock, of St. Louis, has written a pamphlet on Genital Reflexes, in which he shows the influence of phimosis in causing various abnormal physical conditions. Those who have not seen it may obtain it of the author.

Blakiston's visiting list for the use of physicians is now in its thirty-fourth year. It is a handy means of keeping accounts correctly, and is the favorite of some thousands of practitioners. It may be had of the publishers, P. Blakiston, Son & Co., Philadelphia, or of any bookseller.

* *Homœopathic Practice of Medicine*: Embracing the History, Diagnosis and Treatment of Diseases in General, including those Peculiar to Females and the Management of Children. Fourteenth Edition. By M. Freligh, M. D.; 8vo, pp., 705. New York: C. T. Hurlburt.)

† *A Practical Treatise on Disease in Children*. By Eustace Smith, M.D. 8vo, pp. 844. (New York: William Wood & Co.)

* *Characteristic Indications for Prominent Remedies*, for the use of Students of Materia Medica. By W. J. Hawkes, M.D. 12mo, pp. 131. (Chicago: Halsey Bros.)

ITEMS.

Dr. Dwaka Nath Ray has left New York, and taken up his residence in London, England.

The Hahnemann Hospital of this city has received from Prof. Helmuth the funds for the erection of a detached cottage for ovariectomy cases. The building will be placed on the south side of the hospital.

Harper's for November is of superior excellence, both in letter-press and illustration. The publishers announce a brilliant Christmas number for December, representing the best contemporary literature and art of America and England.

The Eclectic Magazine is a treasure house of good things, and is one of the most acceptable of our literary exchanges. The November number, besides other good things, contains an article by Grant Allen, on the sense of taste, one by Dr. Andrew Wilson on dreams, one on the morality of diet, and one on the Darwinian theory of instinct.

One of the quietest and best Turkish bath establishments in New York may be found

at the Hotel Vendome, on Forty-first street, near Broadway. The proprietor, Mr. Gavin, is one of the best manipulators in the city, and the attendants are attentive to their duties respectful, and efficient. Physicians can send their patients there for baths, massage, or electrical treatment with the assurance of their always receiving the most sedulous attention.

When the tide is at the full, it turns. Our educational methods have been growing in system and severity, if not in perfection, for many years; and the demands upon the pupil have constantly increased, until the necessities for grading have become imperative, and the peculiarities of the individual are almost entirely ignored. It would seem impossible to carry this further, and any change now must be in some other direction. At this crisis, one of the brightest and most fearless of American writers comes forward with a strong argument against the whole system, a protest against the grading and cramming that take so much of the vitality out of the education we are giving to the rising generation. Edward Everett Hale, in the November number of the *North American Review*, makes a plea for "Half-Time in Schools," which every parent and every school board ought to consider seriously.

THE AMERICAN HOMŒOPATH.

NEW YORK, DEC., 1884.

MATERIA MEDICA REVISION.

Rule Number Ten.

BY

J. P. DAKE, M. D.,

Nashville.

In the September issue of this journal, rule number ten, adopted at the last meeting of the American Institute of Homœopathy and at the late meeting of the British Homœopathic Society, to regulate the selection of material for the Cyclopædia of Drug Pathogenesis, to be issued under the auspices of those national organizations, was called in question by Dr. Ockford.

As the American editor of the proposed work, I take pleasure in offering some explanation of the action in reference to that rule; and I do so the more readily because I was chairman of the bureau which, in connection with the delegate from the British society, formulated the plan and the rules for revision, and, also, because Dr. Ockford and some others, who read this journal, were not present to hear the discussion upon the subject which took place at Deer Park.

The bureau of materia medica, in the American Institute, had been for two years gathering information and considering facts and ways and means for the publication of our scattered exhibits of drug pathogenesis. We had compared notes and finally settled down, at Deer Park, with the aid of our distinguished guest, Dr. Hughes, to put in shape the results of our labor.

The first and paramount duty we felt pressing upon us, was to make the work, when it should appear, *a true record of facts*. How we should best do that, was the question to be solved.

Provings had been made by vari-

ous persons, some educated and some ignorant in the art of observing and noting drug effects; observations in cases of poisoning had been made with varying degrees of care and exactitude; doses, variously prepared and of no standard strength, had been employed; symptoms, if the same in various provers, had been so differently stated as to fail in corroborative effect; symptoms had been recorded as drug effects when due to other causes than the drugs under trial; experiments had often been made in so careless and inexact a manner as to afford little assurance of genuineness; drug-proving, undertaken here and there, without uniformity of method and generally without the diagnostic means, considered as very useful if not absolutely essential to the recognition and measurement of symptoms, had furnished a large amount of the material we must handle—and, hence, the unavoidable necessity for the adoption of some rules of sift. To collate and publish all the provings and all the poisonings recorded throughout our literature, during the last three-quarters of a century, would be to impose upon the profession a vast amount of worthless and hurtful rubbish.

In arriving at the requisite rules of sift, although each of us had been a writer upon, or a teacher of materia medica, we presumed not to act altogether upon our individual judgments. We carefully listened to the voice of our extended profession, with a view to learn its opinions and its wants; and the rules submitted by us and almost unanimously adopted at Deer Park and in London, were the result.

So much in regard to our rules as a whole. In answer to the manly and courteous criticism of rule number ten, by Dr. Ockford, I would say that it was adopted in obedience to the demands of more than nine-tenths

of the homœopathic profession and in accordance with the mature judgment of our bureau, only two members dissenting. While the two members dissenting would have confidence in symptoms reported as produced in the healthy prover by attenuations above the 12th decimal, they assented to the rule in deference to the wishes of the profession, in this particular instance and for the special publication in view.

This is the rule—*"Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below."*

I would remark that, since the publication of our rules, I have had letters from some of our oldest practitioners and ablest writers, saying that they would have preferred to have the line of exclusion drawn so as to leave out provings made with doses above the 6th decimal; but in deference to the wishes of others they cheerfully endorse our undertaking.

What was aimed at and what will be furnished in the Cyclopædia, is a record of genuine, undoubted drug effects, so far as we are able to recognize them. Following the rules imposed upon the editors and their consultation committees and assistants, we hope to include no provings and no symptoms that will not command the confidence of the whole profession.

Were we to exceed those rules and embrace symptoms reported as coming from drugs administered to the sick, or to persons already under the influence of some other drug, or to persons otherwise so situated as not to afford a clear reflection of the drug influence, or from provers who had taken what are termed high attenuations, we might please a few, but would most surely forfeit the confidence of more than nine-tenths of those who would look to us for light in the darkest hours of combat with disease.

With the many ill feelings peculiar

to the individual, but unnoticed till the time of drug proving, and the multiplied influences, ever varying, bearing upon him, from day to day, it must be apparent that, going up the scale of drug attenuation till the prover has gone very near or beyond the vanishing point of matter, and is testing the sick-making power of doses in which he can claim only the "spirit" of the drug, the danger of mistaking and noting down sensations and emotions, as drug effects, which come from other causes, must ever increase.

Were I not, on this occasion, simply making an explanation for my late bureau and for the American Institute and the British Society, I might go into some discussion of points advanced by Dr. Ockford, in reference to the original and peculiar symptoms claimed as coming from high attenuation provings. Perhaps the matter is quite well enough understood, however, without discussion at this late day.

I would remark, in conclusion, that we have no wish to destroy or obliterate any of the high attenuation provings, held in esteem by Dr. Ockford and others. We would simply leave them where they are while we strive to bring forward only those about which there can be no disputes and no serious doubts.

Dr. Hughes and myself, aided by our English and American committees, are endeavoring to carry out the plainly expressed wishes of the profession, putting aside some individual opinions and wishes in order that all may work together for the issue of a thoroughly revised text. If some things are omitted that some readers may consider of value, the consolation remains that those things are not wiped out of our literature, and that they are rendered no less accessible by any act of ours.

In the whole history of Homœopathy, no work has been more universally demanded than that of a thorough revision of our pathogenesis, and no plan and series of rules, for

its accomplishment, could be more generally and strongly approved than have been those under which we are acting. Without salary and with no financial interest, at the call of our two great national societies, we are endeavoring to furnish to the profession, at actual cost, the corrected text of our hitherto disjointed and scattered drug pathogenesis, and we expect the aid of all who desire a reliable *material medica*.

THE CURABILITY OF NEURALGIC AND SICK-HEADACHES" BY THE CORRECTION OF REFRACTIVE ERRORS.

BY

F. H. BOYNTON, M. D., New York.

In calling your attention to the relief obtained by the use of properly adjusted lenses, in the above mentioned neurotic affections, I do not propose to discuss the varied contributive conditions that serve to perpetuate these maladies; but rather to confine myself to the seemingly strange coincidence of neuralgic and periodical sick headaches, and errors of refraction.

I do not wish to be understood to say, that all cases of migraine are dependent upon faulty shape of the eye; but examination of a large number of cases will show that this relation does exist in a greater proportion.

For a number of years I have carefully examined the eyes of all patients coming under my care for treatment of periodical headaches and neuralgias of various forms, with the result to justify the conclusion, that the greater number of such cases owe their sufferings to malformed eyes.

Upon second thought; should this coincidence seem at all strange?

We all appreciate, that individual peculiarities of face, form and temperament are largely inherited, why then should not faults in eye formation be transmitted from one generation to another?

That such errors are thus handed down, has been abundantly proven, and it may be safely stated that parents whose eyes have certain states of refraction, will transmit similar refractive conditions to their offspring.

One will frequently observe in large families, among such of the children as most resemble one parent, in form and features, a similarity in eye formation; while the remainder will take on that of the other parent. As illustrative of the above, I will mention the result of an examination of the eyes of a family consisting of eight persons. The mother had a very high degree of myopia with complete detachment of retinae, and evidence of an expired irido-choroiditis. The only son, *æt.* 12, was highly myopic = $\frac{1}{4}$, and also had a large detachment of the retina of both eyes. Three daughters grown, were myopic—one of whom had in addition an expired irido-choroiditis; four daughters—most resembling the father, had eyes of normal refraction.

Again, competent observers have long considered such functional nerve disturbances as hysteria, chorea, neuralgic predisposition, headaches and epilepsy, to be, most frequently, inherited affections. Patients suffering from recurrent neuralgias or periodical headaches will frequently state that the affection is inherited—that perhaps three or four preceding generations had suffered from similar troubles.

Taking it then for granted that a large proportion of the cases suffering from functional nerve disorders have coexisting faulty eye formation, how shall we explain the injurious influence of the congenital defect upon the nervous system.

To understand this the more thoroughly let us briefly consider the, anatomy of the eye, the physiology of vision and the natural states of refraction. The eyeball roughly described consists of an outer capsule called the sclerotic, which is dense and opaque and serves to preserve the spheroidal shape of the eye and

protect its contents. This coat covers the posterior five-sixths of the eyeball, while the anterior one-sixth is covered by a transparent tissue called the cornea. Lying immediately within and closely adherent to the sclerotic is a vascular and pigmented layer called the choroid which lines the posterior portion of the sclerotic extending forward from the optic nerve entrance to a point somewhat anterior to the equator. The space between this point—*ora serrata*, and the iris, is occupied by the ciliary body which consists of cellular elements and encloses the muscle of accommodation or ciliary muscle which occupies the anterior and external portion of body at its junction with the iris, and is composed of unstriped muscular fibre arranged into meridional, radiate and circular divisions. This body which is pyramidal in vertical section with base directed anteriorly, is covered with a layer of choroidal stroma arranged in plaits or folds running in a meridional direction from behind forward and terminating in the ciliary processes at most internal portion of ciliary muscle. The function of the ciliary muscles is, to cause such alterations in the focus of the lens as to constantly keep a perfectly formed image of a luminous object under observation, exactly upon the retina. Various opinions as to the exact manner in which this is accomplished are entertained; but the most generally accepted theory is that of Helmholtz, that the circular fibres contract, drawing the muscle toward the axis of the globe, the meridional fibres at the same time draw the choroid forward, the combined action of the two sets of muscular fibres relaxing the pressure of the lens capsules, thus permitting the lens, on account of its inherent elasticity, to become more convex.

The third and inner tunic of the eye ball—the retina, or nervous layer, may for our purposes be considered as an expansion of the optic nerve. It is closely adherent to the choroid and

extends from the optic nerve entrance to a little in front of the equator, terminating in a serrated edge, its connective tissue elements continuing forward, and blending with ciliary body. It is a very complex membrane in structure, the function of which is to receive luminous impressions of objects and to conduct them through the medium of the optic nerve to the sensorium. It is most sensitive at a point corresponding to the posterior pole of the eye ball which is called the yellow spot, and where only acute vision is obtained. Having described the covering of the eye ball let us consider the cavity. The ball is divided into two spaces by the crystalline lens and its suspensory ligament which attaches it in its periphery to the ciliary muscle. The space in front of the lens and between it and the cornea is occupied by the aqueous humor, and that behind the lens and between it and the retina by the vitreous humor. The aqueous chamber is divided by a vertical curtain—the iris which is composed of muscular tissue and choroidal stroma, and is perforated near its centre to form the pupil which varies in size according to the amount of light required within the eye for the purposes of vision.

Refraction, as applied to the eye, is the power the eye has over parallel rays of light to focus them upon the retina, the accommodation being in a state of rest.

"Accommodation is the voluntary action whereby the eye becomes adjusted to a nearer point than is the case in the state of rest of accommodation." (Donders).

The refractive media are the cornea, lens and vitreous body.

We recognize three natural states of refraction, namely, Emmetropia, Hypermetropia and Myopia. The first is where rays of light, emanating from a distance are focused upon the retina, through the influence of the refractive media—the accommodation remaining passive and relaxed. Such an eye is of normal axial length.

Hypermetropia, is that state of refraction where the focus of the refractive media—for parallel rays of light—falls beyond the retina, and the eye is of too short axial length. Myopia, is that state of refraction where the focus falls in front of the retina, and the axis is too long.

These states are estimated with the accommodation in a state of rest.

For the purposes of vision at various distances, the influence of the ciliary or accommodative muscle must be exercised, to change the curvatures of the lens that the focus may constantly fall upon the retina, (which condition is a necessary factor of vision), as we alternately view distant and nearer objects.

In the Emmetropic eye the focus naturally falls upon the retina when looking in the distance and the use of such eyes for near work only requires slight exercise of the ciliary muscle to cause the lens to assume a more convex form thereby keeping the focus constantly on the retina—which can be maintained for hours without sense of fatigue. In the Hypermetropic eye the focus never falls upon the retina without the assistance of the accommodative muscle, even when adjusted for distance the ciliary muscle is in a state of contraction increasing in exercise as the object is approximated. In the Myopic eye the infinite distance is lost, and even with relaxed accommodation only objects comparatively near can be accurately seen. The long axis causes the focus to fall in front of the retina and the constant effort of the ciliary muscle to further relax does not serve to give such an eye vision in the distance.

Nature has tried to compensate for errors in refraction by endowing the circular fibres of the ciliary muscles of Hypermetropic eyes with increased power and volume, while the meridional fibres of myopic eyes are likewise increased. By returning to the Hypermetropic eye we will see that the accommodation is never in a state of rest. During the waking hours the ciliary muscle is in a constant state of

tension, even when looking in the distance the muscle is contracted, increasing its labors as nearer use of the eyes is practiced. At the same time the internal recti muscles which serve to converge both eyes upon a given point, act in harmony with the degree of contraction of the ciliary muscle; in the normal eye acting in perfect harmony. In the abnormally shaped eye the harmony is destroyed through the over contraction of the ciliary muscle and the balance is lost. At last the over taxed ciliary and recti muscles yield to the burden and manifest their inability to longer continue the struggle through certain reflex manifestations, among which are neuralgia and recurrent headaches, varying in degree from the slightest sense of fatigue to the most intense neuralgia or sick headache. The functional disturbance does not however always correspond to the refractive error. One frequently finds the most severe disturbances dependent upon only slight deviations from the normal condition, while on the other hand, the highest degrees of refractive errors produce only slight functional aberrations,

Persons suffering from severe periodical headaches are frequently unaware of any eye weakness and only appreciate the existence of such error when the paroxysms have been relieved through the correction of the ametropia. Sufficient has been said for this short consideration to demonstrate that errors of refraction and functional disturbance of the nervous system go hand in hand and occupy the relation to each other of cause and effect.

As corroborative of the foregoing statements I add the histories of a few cases illustrating this class of affections and the results obtained through the correction of the existing refractive anomalies.

C 4067, N. Y. O. H.

Feb 12. 1884 Mrs. L. S. æt 32 mother of M. S. Seamstress. Headaches every three weeks since a school girl. Pain in temples and vertex with ver-

tigo and vomiting, throbbing and shooting pain; pain so severe that she is obliged to keep eyes open. No apparent anthes. musc.

Rv. = $\frac{20}{30}$ + 16 = $\frac{20}{30}$ L.v. = $\frac{20}{30}$
+ 16 = $\frac{20}{30}$ R + 36. Constant use.

May. 22. Reports entire relief from headaches since wearing glasses.

C 4068. N. Y. O. H. Feb 12. 1884
Miss M. S. æt 11½. In school five years, has had headaches four years recurring every two weeks, shooting and throbbing in character; begin in the morning, increasing in severity during day, last all night and until noon of the second day, pains confined to frontal and vertex region relieved by recumbent posture, aggravated by binding head tightly and tilting head to one side.

Obscurements and photopsias after using eyes.

Rv. = $\frac{20}{40}$ + 14 = $\frac{20}{30}$ L.v. = $\frac{20}{40}$ 16
 $\frac{20}{30}$ Instill atrop.

15th. Rv. = $\frac{20}{70}$ + 14 = $\frac{20}{30}$ L.v. = $\frac{20}{15}$ + 12 = $\frac{20}{30}$

Subsequent tests failed to make vision perfect.

March 1st R + 16 Constant use.

May 22nd. Has not suffered a headache since using the glasses, and now feels quite well.

Nov. 24, 1883, Mrs. T. G. C. æt. 37, Chronic neuralgic headache. Hardly a week passes without a severe attack which drives her almost frantic, seldom without a headache, no nausea with the attack, "has had all kinds of treatment."

V = $\frac{20}{20}$ + 36 = $\frac{20}{20}$ Under atropenie Hm. = $\frac{1}{20}$ R + 40 constant use.

Later reported entire freedom from headaches.

June 27, 1882, H. P. B., æt. 40. Almost daily headaches, especially after using eyes, with aching and soreness of balls, and behind eye balls extending to vertex.

Rv. D. = $\frac{20}{30}$ + 48c 130° = $\frac{20}{20}$
L.v. = $\frac{20}{30}$ + 60c 55° = $\frac{20}{20}$

R. Constant use.

Entire relief since wearing glasses.

Dec. 16, 1884, Mrs. J. P. M., æt. 40. Applies for treatment with the history of neuralgia of temples for

15 years. Regular sick headaches every Sunday for past two years, or whenever remaining in the house a full day unemployed or after use of eyes. Pressure on vertex extending from supraborbital region. Is obliged to go to bed, and has vertigo and vomiting. Also has neuralgic pains of left temple in a spot as large as a twenty-five cent piece, as if an auger were boring into the brain. Attacks of neuralgia and migraine leave eye balls excessively sore to touch.

V = $\frac{20}{15}$ O. U. Hm. = $\frac{1}{40}$ R + 60. Constant use.

June 1st Reports entire relief from migraine and all varieties of pains in head since use of glasses.

Has felt like a new woman ever since, and has no vestige of pain.

April 10, 1881, Mrs. A. A. S., æt. 45. Applying for treatment for a chronic dacryocystitis purulenta, incidentally remarked that she had suffered from severe headaches for years, and wished something might be done for their relief.

Has had frequently recurring attacks of neuralgia over right eye for twenty years; attacks of very severe sick headaches—lasting twenty four hours—during the past two years.

Rv. = $\frac{20}{40}$ L.v. $\frac{20}{20}$ + 36c 30° = $\frac{20}{15}$ + 40c 150° = $\frac{20}{15}$

R as above for distance. Constant use.

R + 16s. C with above for near vision. The use of the above glasses has entirely cured the headaches.

June 12, 1884, Mrs. S. W. D., æt. 31. A very weak and nervous lady who had been an invalid for seven years and a perfect martyr to neuralgia and periodical headaches which dated from over use of eyes during recovery from a confinement seven years ago, since when she has not been able to use eyes for ten minutes at a time without bringing on a severe attack of headache; attacks so severe as to completely prostrate and keep her in bed for two days. Pains in eye balls extending to frontal region

and down into throat, constant-shooting and intense. Left side of head most affected. Recurring every one to two weeks.

V. = $\frac{15}{15}$. H. = $\frac{1}{60}$. Excessive asthen. musc; R. + 60 const use.

Improvement began immediately after the use of glasses, and has been continued up to the present time, when one would hardly recognize the now happy and energetic woman as the same person who five years ago was dragging out a miserable suffering existence. She has not had a severe headache since, and only after over use of eyes. She now uses eyes with comfort for near work for one half hour at a time.

April 20, 1883. Mrs. S. C., æt. 58. Slight frontal headaches with nosebleed during attack for seven years. Pain in temples as if holes were being bored into brain, with nausea and vomiting.

Photo. Headaches recurring once a week.

Rv. = $\frac{20}{70} + 24 = \frac{20}{20}$; Lv. = $\frac{20}{70} + 24 = \frac{20}{20}$; R. + 24 Dist. + 9 N. V.

Entire relief since wearing glasses.

March 26, 1883. Mr. R. W. C., æt. 55. Fall River, Mass. Has suffered from severe headaches for twenty years, recurring every Sunday.

Pain in vertex and behind eyes, which drives him almost frantic. Pain relieved by cold and aggravated by hot water applications.

Rv. = $\frac{20}{40} + 30 = \frac{20}{20}$ Lv. $\frac{20}{50} + 30 = \frac{20}{20}$; Range poor; R. + 40 Dist. const. use; R. + 11 near vision.

On May 1st, '83, I received the following letter:

"Have been using the glasses about four weeks, and have not had a severe headache since; have had a slight headache two or three times. My head has not felt so well in years.

Subsequent reports this year show him to have been completely relieved of the distressing headaches.

July 5th, 1884. A dressmaker, Miss G. C. v. B., æt. 33, applies for

treatment for headaches with the following history:

For years has suffered much "distress" in head; cervical and left temporal region and left eye. A violent pain preceded by itching of skin over region affected, coming on gradually reaches its greatest severity then subsides. Paroxysm lasts from four to six hours. Recurs twice weekly to every three weeks. Attacks sometimes end in vomiting.

V. = $\frac{15}{10}$ O.U., Hm. = $\frac{1}{24}$; R. + 36 Const. use.

September 10th. Reports entire relief from headaches and all sorts of pain and confusion in head, since wearing the glasses.

Sept. 28th, 1883. Miss M. B., æt. 38. Suffered from sick headaches for past 15 years. About once in three weeks has an attack of severe headache, Pain commences and is most intense in left eye from which point it spreads to entire head. Pain most intense and lays her up for two days and a night. Much nausea but seldom vomits.

Rv. = $\frac{20}{40} + 60c 105^\circ + 48 = \frac{20}{20}$; Lv. = $\frac{20}{30} + 60c 90^\circ$ Combined with 48 = $\frac{20}{20}$; R. Const. use.

Subsequent reports give her entire relief through use of glasses.

Nov. 24, 1883. Miss P. C., æt. 12. Severe frontal headaches four years; aggravated by use of eyes.

V. = $\frac{20}{20}$ Hm. = $\frac{1}{40}$; R. + 40 const. use.

Entire relief from headaches.

These cases might be multiplied many times they have been selected from a large number as demonstrating the curability of headaches by optical appliances, and will I think corroborate the truth of my statement in the beginning.

I have only selected cases bearing upon this point, avoiding reference to the cure of allied nervous-functional disorders, which may, I hope, form the basis of interesting valuable work and report in the future.

I have offered these suggestions as a report of progress and I hope at a

not distant future date, to report more fully upon this subject.

A REMARKABLE CASE OF PERSISTENT NAUSEA.

BY

WM. M. PRATT, M. D.,

New York.

On the 23rd of February last I was requested to visit Mrs. B., at that date in the eighth month of her third pregnancy.

I found her suffering from a continuous and intense nausea and vomiting that had been of 96 hours duration. The character of the ejecta was dark green—scanty—and exceedingly bitter and acrid, causing a scalding, burning sensation in the throat and mouth, with severe cramping pains in the region of the stomach, and complete inability to retain any thing whatever that she attempted to swallow.

The following history of the case was gleaned :

From the date of quickening which occurred at the fourth month, there had been to her an unusually strong and increasing activity of the fœtus, accompanied with a constant bearing down pain in the uterus which was so severe as to induce in her mind a continual fear of a miscarriage.

On the 3rd of January she had slipped while descending a flight of stairs a distance of two steps, landing upon her feet, jarring her body considerably, materially aggravating the bearing down symptoms, but she was still able to attend to her domestic duties. On the evening of Feb. 21st the second day after the nausea began she accompanied her husband to the Arion Ball at Madison Square Garden, a distance of six miles from her residence, without the least discomfort, in fact she assured me that from the hour she started at 9 P. M. till her return at 3 A. M. she had no nausea nor distress whatever, both of which returned the hour of her arrival home. Oxalate of Cerium, Arsenicum, Ipe-

cacuanha, Merc. dulcis 3d trit., and Morphia in minute doses were administered during the three succeeding days, *seriatim non secundum artem*, without the slightest relief. On the evening of the 26th her husband gave a hypodermic injection of Morphia, as her gastric distress had become unbearable, which afforded some relief.

During all this time, a period of eight days, she had been unable to retain a morsel of nourishment in her stomach, and had only been sustained by nourishing and stimulating enemata—of milk and brandy. She was becoming rapidly and alarmingly reduced in physical strength, being unable to leave her bed, pulse slow, feeble, and threadlike, extremities cold, eyes sunken, features pinched and cadaverous, voice hollow, husky whispering, in fact simulating "*Vox Choleraica*." Nausea, vomiting and precordial distress continuing.

On the afternoon of the 28th I requested Dr. McMurray to see the patient. After a most careful examination of the case, he became satisfied there was slight dilatation of the os with feeble expulsive efforts; patient waiting was advised, and the strength and vitality of the patient to be sustained by nourishing enemata and hypodermic stimulation of Brandy and Tr. Opii combined, suggestions that were rigidly followed under my continued personal observation, till on the following day at eleven A. M. I succeeded in delivering her of the child by applying the forceps at the superior strait.

The child manifested signs of life after delivery by gasping a few times. Just previous to delivery administered a hypodermic of 30 minims of pure Brandy, and immediately after delivery repeated the same. She seemed to be in almost a moribund condition at the time of delivery, apparently unconscious of and indifferent to all surroundings; after recovery she told me that such were her actual sensations. Placenta was quickly thrown off, uterus contracted firmly,

nausea and gastric pains ceased immediately, some after pains followed which were relieved by Ferri phos. administered hourly and at 6 p. m. at her request, a teaspoonful of warm milk with a few drops of gin in it, was given and retained. This was frequently repeated, in fact gin and milk constituted her sole nourishment, from choice, for an entire week. By assiduous and judicious care and nursing, she slowly regained her strength, and at the end of four weeks was enabled to leave her room and made a complete recovery.

I have been led to present this case to the society from its peculiar etiological and pathological conditions, and to direct attention to the great benefits to be derived from hypodermic stimulation in similar cases.

During the first months of pregnancy there had been no nausea not in fact till the eighth month. Immediately after quickening the movements of the fœtus began to be so marked and violent as to induce uterine contraction causing almost constant pressure at the cervix, which the system tolerated for four months, without reflex manifestations, till finally from its persistence and intensity the pneumogastric had become sufficiently influenced by the spinal irritation as to manifest its pathological condition, and to that degree as to be apparently beyond the control of any of the usual and well known counteracting therapeutic agencies.

Whether any medication from the 4th to the 8th month would have been of any benefit to remove or relieve conditions then present we will not discuss, we have only to deal with and consider the case as we found it. The facts and results were as stated. In my experience the tolerance of the system under such serious conditions and final recovery was something remarkable.

It seemed impossible to successfully administer remedies into the stomach in any form, as it refused to tolerate any thing, even a few drops of water. Recovery appeared solely

to be due to the fortunately speedy delivery, and from sustaining the sinking vitality during the critical period by the persistent exhibition of nourishing enemata and by hypodermic stimulation.

SARCOGNOMY.

BY

PROF. JOSEPH RODES BUCHANAN, M. D.

Boston.

(Continued from page 293.)

I found in 1842 the same sensitive impressibility in the body as in the brain. The application of the hand on any part of the person of a sensitive produced a local exaltation of the functions similar to that which was produced in the brain, and similar to the concentrative influence of the negative pole of a Galvanic current.

This similarity I recognized in my first experiments, and at first thought of relying on Galvanism as my experimental agent, but after comparing the effect of Galvinism with that of the human nervaura applied by the hand, I preferred the latter, not only for its convenience and simplicity, but for its greater congeniality and wholesomeness.

My experiments upon the body demonstrated that sympathy of the mind and body which has so long attracted the attention of all thoughtful observers without eliciting any explanation, was not a vague general responsiveness or reciprocity of influence; but a sympathetic association, governed by very definite laws—a sympathetic association and correspondence of the entire surface of the body and the entire surface of the brain—the superior portion of the brain corresponding with the superior part of the body, and the inferior with the inferior; and a similar correlation existing of the anterior with the anterior and the posterior with the posterior. In short, *each cerebral organ has its counterpart in the body*, and the same experiments which can

be made on the brain can be made on the body in consequence of their intimate sympathy.

Impressions made on the brain are primarily psychic, as cerebral action has no physiological effect until transmitted to the body. Vital action in the body is primarily solely physiological as that of the brain is solely psychic. But if their action be mutually sympathetic, the triple reaction of soul, brain and body will become apparent. Mental condition producing commotion in the brain, will result in physiological effects in the body, as, when fear, exciting the middle lobe of the brain, produces accelerated action of the heart, and courage affecting the superior and posterior regions produces a steadier and slower pulse. Or, on the other hand, inflammation at the heart (pericarditis or endocarditis) reacting upon the inferior part of the middle lobe of the brain, effects the soul and produces in the countenance that impression of anxiety and alarm which is the recognized symptom of the disease.

The relation between the soul, brain and body as illustrated in the heart, was demonstrated in my experiments on Dr. Lane before the Boston committee of physicians, in 1843, the condition of the pulse being noted by Dr. John Flint, and the experiment reported by Dr. Bowditch. The experiments were made by exciting the cerebral organs, and affected the mind as well as the body—the mental conditions being stated by Dr. Lane as he felt them, and the physical effect noted by the committee.

Before other committees and before classes I have often experimented on the body, producing the primary physiological and secondary psychic effects.

The experiments in every lecture have proceeded with as much regularity and satisfaction as those of the chemical laboratory; and the students after instruction have experimented on each other and on patients with similar results.

Let me say before going further that as these views and doctrines may appear singular and hypothetical to those who are entirely unacquainted with the subject, they are to me as positive as any portion of Physiological Science, and equally so to those who have had thorough personal instruction in the Science of Anthropology. In reference to the functions of the various organs of the brain, I can say that I have distinctly felt and recognized the action of almost every organ in the brain certainly more than three-fourths, in the course of my experiments, and that I enjoy as distinct a certainty of the various local excitements in the brain, as one can have of his muscles by his sensations when he exerts them and by the localized fatigue following exertion. The overwork of any organ produces something like fatigue, a quasi-aching feeling at its site. The fresh normal condition of the brain is entirely free from local sensations, with a feeling of comparative ease and lightness. The strong excitement of any region is accompanied by a sense of fullness, warmth and tension, as if from interior pressure, which is sometimes increased to an external throbbing in the scalp. Irritation of any organ by a disagreeable mental impression is accompanied by a sensation in the scalp of a corresponding abnormal character, sometimes even by a sharp pricking sensation.

Intense excitement is sometimes accompanied by a corrugative feeling in the scalp, as if the hair was being erected. This occurs especially from feelings of resentment and defiance. After delivering a lecture, the sensations in my head show what faculties I have most vigorously used. The entire absence of sensation over organs that have been entirely quiet contrasts strongly with the intense consciousness over those which have been active. These sensations are exactly localized over the organs whose conditions are indicated.

Long experience has made me familiar with these local sensations, and

their close coincidence with the conditions of the brain. There is nothing anomalous or even singular in such an experience. I believe that every person of acute sensibility, who would give his attention to the subject might have the same experience.

There is a close connection between the condition of the brain, and of its envelopes. The integuments of the scalp have their sensibility greatly increased in cases of inflammation of the brain, and diseases which affect the cephalic membranes produce much sensibility and pain in the head. Hence any strong mental action, as it affects chiefly the cortical surface of the brain must effect its membranes and the external integuments, and produce some sensation if observed. Any one who is not capable of perceiving such effects must have either a dull sensibility or an inactive, unexcitable brain.

Such evidence as this is accessible to all who are willing to study their own sensations in connection with a true map of the brain. But the maps of Gall and Spurzheim are not sufficiently correct and minute to be always satisfactory for such a purpose, though correct in a majority of the locations.

Those who are quite sensitive—who for example in testing a medicine get an impression of its influence as soon as they taste or handle it can have a far more decisive experience in the excitement of their own organs, and in experimenting on the sensitive, as I have been accustomed to do for over forty years, satisfying and convincing all concerned.

In making such experiments to illustrate Sarcognomy, we illustrate and prove in a definite and scientific manner the sympathies of soul and body which the intelligent world has long recognized in a vague and unscientific manner, and we also develop those correlations of mind and body which are universally illustrated in disease, and which have attracted more attention since Homœopathy

has enlarged the study of symptomatology.

Thus the higher emotions, belonging to the superior surface of the brain, and correspondingly located on the breast, have always been located there in popular descriptive language, oratory and poetry. "The emotions that swell my bosom" says the orator. Affections are considered affairs of the heart, which is really affected by them and which lies in a portion of the chest that is intimately associated with the affections. The breast or bosom is usually referred to as the seat of interior thoughts or emotions, and our experiments prove that such an association exists. The hopeful character of the upper region of the chest has often been illustrated in consumption, which has its chief location there, and the moral character or influence of a disease is lowered as its position is located lower in the body. At the heart we realize the excitability and fear which constitute a regular symptom of pericarditis, expressed in the countenance. The corresponding zone of the brain is one of excitability and apprehensiveness.

Below the diaphragm we come upon influences which are irritating and mentally depressing—irritating posteriorly and depressing anteriorly. I find the base of the middle lobe of the brain anteriorly to be the seat of depressing debilitating influences, and the same influence belongs to the middle region of the trunk just below the diaphragm and ribs. There is the accumulation of nervous sensibility and irritability which produces the hypochondriac, whose name indicates that he is governed by the hypochondriac region of the body—and the depression called by the name which indicates the presence of dark bile *melancholy*. There is a great contrast between the mental influences above and below the diaphragm, and as we descend in the trunk we reach still lower conditions, finding in the pelvis the tendencies of all forms of mental and nervous derangement.

Each locality of the body has a special and peculiar relation to the mind, which is conspicuously apparent when it becomes diseased, excited, or hyperæmic, and a careful review of pathology will show the very same relations or sympathies between the mind and body which I have brought out with far greater precision and distinctness by psycho-physiological experiments in the healthy natural condition, which have enabled me to make a map of the psychic relations of the entire body, which corresponds with the psychic map of the brain. These experiments are more instructive and accurate than the study of pathology for the illustration of functional sympathies, but I refer to pathology because its coincident testimony perfects the evidence, and I would call the attention of Homœopathic physicians to this subject, who could furnish an overwhelming mass of illustrations of sympathies concerning which the old medical records are remarkably barren.

That the contents of the thorax have a correspondential sympathy with the contents of the cranium and that the superior portion of the chest especially sympathizes with the upper portion of the brain in its happy emotions and its morbid conditions—that the influence of the upper portion of the chest is more pleasant and normal—the lower including the heart, more exciting, and that as we descend in the trunk the influences become more disturbing and depressing, until at the bottom of the pelvis they are hostile to an integrity of the brain, is a general statement of some of the principles which Sarcognomy illustrates in detail and which are fully presented in "Therapeutic Sarcognomy," just published.

The contrast between the mental conditions promoted by the organs above and those below the diaphragm is very well known. Marshall Hall says "the temper of the patient is singularly modified by different disorders and diseases. The state of despondency in cases of indigestion

forms a remarkable contrast with that of hopefulness in phthisis pulmonalis."

Dr. Fothergill, of the London Hospital, says "In tuberculosis of the lung there is commonly such an emotional attitude in the patient as has earned for itself the designation of *spes phthisica*. [consumptive hope.] Here the hopefulness is as irrational as is the depression of some other affections. The consumptive patient just dropping into the grave will indulge in plans stretching far into the future, ignoring his real condition and the impossibility of any such survival as he is calculating upon." "In the initial or pretubercular stage of pulmonary phthisis (says Dr. Fothergill) the intellect seems to possess a power and brilliancy exceeding the normal standard."

Dr. Phelps says of pulmonary diseases "the more florid and clear the complexion of the patient is, the less he is troubled with what are called bilious complaints, the less the spirits are depressed, and the more confidence the patient has in his recovery, the more we have reason to believe that the disease has originated in the lungs."

The expansion of the lungs from emotional and intellectual action, especially the former, is familiar to those in whom the higher emotions are active. Truly good and bright women who have this emotional activity are very conscious of this emotional expansion of the lungs. Physical generally corresponds with mental inspiration. Emerson says "there is a certain heat in the breast which attends the perception of a primary truth, which is the shining of the spiritual sun down into the shaft of the mine."

Sarcognomy explains these sympathies by a definite law. The superior emotional faculties sympathize with the lateral and superior portion of the lungs. The emotion of hope connects with the location above the mammæ, the favorite location of consumption. The intellectual faculties sympathize with the central portion

of the chest, and the bronchial region especially. Hence a pathognomic symptom of bronchitis is a peculiar pain in the forehead. I have often realized in my own person the definite sympathy of the very summit of the lungs with the superior posterior region of the brain in the neighborhood of the organ of Firmness, and have invariably found that a slight hyperæmia of the lungs brought on by a cold, the exaggeration of which would have amounted to pneumonia, produces a marked increase in the general activity of the brain, as much in the affective as intellectual regions, which enhanced my capacities for social intercourse or the duties of a public teacher.

Warm clothing around the chest, or a stimulating plaster upon any portion of it, has a similar tendency, and would be beneficial to a public speaker if not carried too far. Mr. Dunscomb of the British Parliament, acted on this principle by wearing a stimulating plaster on his chest when he had to speak in the House.

While the superior portion of the lungs sympathizes with the superior portion of the brain, as I have shown in *Therapeutic Sarcognomy*, the inferior portion has a closer relation to the lower half of the brain, which is the region of animal impulses and muscular energies, and is associated with diseases of a sthenic character and high inflammatory type. When I say it is associated with the lower portion of the brain, I do not speak of inferences from pathology, but of positive experiments on the brain and thorax, which to me, after forty years familiarity, are more satisfactory and instructive than pathology.

Hence, while the poetic and hopeful consumptive diseases affect chiefly the upper portion of the lungs, pneumonia, with its high inflammatory character, associates chiefly with the lower portion. Such was the statement of Laennec: that pneumonia generally commences in the lower lobes and spreads upward. Andral found pneumonia in the whole lung

only in one case in eight, and these cases were probably no exception to Laennec's suggestion of beginning below. He found the inflammation distinctly located in the lower lobe in forty-seven out of seventy-seven cases. There is no reason why the external causes of pneumonia should affect the lower region in preference, but its greater tendency to inflammatory affections.

Inflammatory affections of a high grade, indicating abundant vital force, are more apt to show their power when there is a broad and deep basilar region to the brain (indicated very commonly by the stoutness of the neck). They tend to their higher development in the limbs, especially the lower limbs, which have the closest sympathy with the basilar region, as the superior lobes of the lungs have with the coronal regions. The maximum development of inflammatory conditions of the blood occurs in rheumatism.

Gout and rheumatism, which are especially affections of the lower limbs (as intermittent fever is an affair of the spleen) though not strictly confined to their proper habitat, stand in antithesis to the upper portion of the lungs and consumptive diseases. When Dr. McDowell (author of the best treatise on pulmonary consumption which had ever been published, in 1840) was a medical student, he and his companion in the class from Virginia, being in fear of consumption in their own persons, and believing that gout and consumption were antipodal conditions, determined to adopt the regimen most favorable to the development of gout, which they carried far enough to defeat the consumption, and his friend carried it a great deal further.

As a collateral illustration, I would say, that cold applied to the lower limbs, especially below the knee, is the most efficient agency to produce a cold or pulmonary irritation, and warmth is very efficient in giving it relief. Hæmastasis, either by vacuum or by ligatures around the thighs,

producing hyperæmia in the lower limbs, is the most efficient of all curative agencies in pneumonia.

The cerebral sympathy, and consequent psychic condition of gout and rheumatism are antipodal to that of consumption.

"How few are the men," says Dr. Ashburner, of London, "who acquire gouty habits, who do not lose the power of calm reasoning. They are notoriously an irritable race. Their irritability often leads them to conclude that every one is wrong except themselves. No matter if you can bring abundance of evidence to prove the insanity of their conduct, it is of no avail."

As to locality, gout, belonging chiefly to the great toe and ankle, is somewhat lower in position than rheumatism, (which is more familiar with the kneejoint), and therefore has a more injurious influence on the mind.

Depression of spirits frequently precedes the attack, and the gouty patient, according to Watson, "is apt to be excessively dejected and hypochondriacal, morbidly attentive to every bodily feeling, disposed to exaggerate his sufferings and apprehensive of the worst event."

The lower half of the body, including the lumbar and sacral portions of the spinal cord, is associated with the basilar half of the brain; and gout, lodged in the lower limbs, which depend on the lumbar and sacral regions, is consequently associated with the indulgence of the animal passions and appetites, and therefore very rarely appears in women, in whom these passions and appetites are less developed and less indulged.

All the degrading tendencies and capacities of human nature associate with the lower half of the body and of the brain—all the ennobling tendencies with the superior half.

(To be continued.)

KOUMISS, AIR, AND OIL.

BY

EDWIN A. GATCHELL, M. D.,

Asheville, N. C.

In the summer of 1881, while practicing at Benton Harbor, on the East shore of Lake Michigan, I witnessed the steady improvement and final recovery, of an infant suffering from cholera infantum, marasmus, and non-oxydation of the blood from an imperfect heart.

The infant was sent to me from Chicago, mainly for the benefit of the air of the country. And I report this case to illustrate the beneficial effects of koumiss, fresh air, and unctions of oil; for these were the remedies depended upon in this case.

On June 20th, 1881, I was called to see Baby M., aged five months; her mother said that she had, since birth, frequently turned purple or blue; though this condition did not, at this time, make its appearance as often as it had done. That she had for three weeks, been feverish, restless, and suffering pain; that she vomited nearly all the nourishment she had swallowed, and had frequent evacuations, the passages being thin, watery, green, and containing undigested milk; losing flesh steadily and rapidly, till, when I examined the child, she was little but skin and bone; the skin of the face was wrinkled like that of a very old woman, and the little hands looked like bird-claws.

She would immediately eject a few drops of cold water or her mother's milk, which by the way, was very poor, showing under the microscope a very small proportion of fat globules. Her mouth was sore, and the coating on the tongue a chalky-white.

The mother and her friends felt that she could last but a few days; thinking that she would die from the choleraic trouble, and if not from that, then from the imperfect heart; and that if those did not kill her, she was losing flesh and strength so rapidly, and had so much pain, that she

could hardly survive these serious symptoms long.

I very soon came to the conclusion that the infant needed *cool, pure air, and plenty of it*; the *best possible nourishment, and all of that it could retain and digest*. And further, I determined that the best air for the little patient was that which it would inhale on the lake shore; and that the best food for it was koumiss, reinforced by inunctions of oil; cod liver and sweet oil, *partes æquales*.

Therefore I had her taken daily to the gravelly beach; first having her well anointed with oil over the entire body, and wrapped in fine, soft flannel.

Its bowels became natural, or nearly so, the first day; it threw up none of the koumiss, and took and retained a quart or more per day; in a very few days there was a great increase in flesh and strength.

For some days I ordered her to be kept on her right side on a pillow, with the head and trunk inclined 30° or 45° , "to bring the septum of the auricles into a horizontal position, so that the blood in the left auricle would press the valve of Botalli down upon the foramen ovale." *Theoretically* that is what is accomplished; *practically*, at any rate, in this case the cyanosis became less and less frequent, until, in a few days it had ceased almost entirely.

The cool, pure, refreshing air from the lake had much to do with stopping the choleraic symptoms. My brother, Prof. Ch. Gatchell, M. D., of Chicago, has, for a number of years, taken or sent his patients suffering with summer diarrhoea or cholera infantum, out on Lake Michigan; and with the result in almost every instance, of immediately stopping the vomiting, pain, and diarrhoea.

In the case of Baby M., I firmly believe she would not have recovered without the benefit of the hygienic measures mentioned above.

Since treating the above case I have used inunctions of oil and a diet of koumiss in many desperate

cases, accompanied by emaciation and prostration; and while I cannot say that they would not have lived without such nourishment, I am very confident that they became fat and strong much sooner than they would on ordinary diet alone.‡

A CASE OF KERATITIS PARENCHYMATOSA.

BY

A. B. NORTON, M. D., O. et A. Chir.

Ass't. Surgeon to the New York Ophthalmic Hospital.

Miss Q.—, a strong and well developed girl of 19, first came under my care at the clinic of the New York Ophthalmic Hospital, July 8, 1884, saying that she had noticed a cloud gradually coming over the left eye for a week previous. Has had no pain or redness of the eye until to-day. She now complains of pain as though there was something in the eye and photophobia. Objectively we see a faint rosy injection around the cornea, and a diffuse haziness of almost the entire cornea which is the most dense over the pupil Rv. $\frac{20}{20}$. Lv. Counts fingers at 3 ft. As this disease is due in a large majority of cases to inherited syphilis or a scrofulous diathesis, I tried to elicit some history of a hereditary trouble but could find absolutely nothing with the exception of the peculiarly "notched teeth" which Mr. Hutchinson has pointed out as being a diagnostic sign of hereditary syphilis. R. Kali. mur.

July 20.—The eye has remained about the same up to yesterday, when it began to be much worse. She now complains of severe sharp pains in the eye extending back into the head. There is a considerably increased redness of the conjunctiva, with intense photophobia and lachrymation. On careful questioning I could elicit no cause for this aggravation excepting that she suffers intensely from dysmenorrhœa and her menstruation which is usually too early commenced

yesterday. Its character is partly fluid and partly clotted, accompanied by severe cramps compelling her to stay in bed the first day, and causing her to double up as with colic. *R. Sabina.*

August 14. Has been improving nicely since the last date. The *Sabina* was given for two days for the dysmenorrhœa with some benefit and then returned to the former remedy.

Two days ago noticed a similar trouble of the right eye and now find some infiltration over the centre of the cornea, with slight redness of the conjunctiva. *Rv.* $\frac{20}{40}$. *Lv.* $\frac{20}{10}$. *R. Kali mur.*

August 18.—Menstruation began yesterday with the usual severe pains, which were relieved after taking the *sabina*. To-day the eyes are again much worse. Severe pain, photophobia, lachrymation, etc. *V.* $\frac{20}{100}$ o.d. *R. Rpt.*

August 26.—In the right eye, the haziness has extended over nearly the entire cornea its greatest density being over the pupil. Photophobia and lachrymation excessive. Left eye is rapidly improving. Much less infiltration of the cornea and with no redness of the conjunctiva. *Rv.* Counts fingers at 1 ft. *Lv.* $\frac{20}{40}$.

Sept. 10.—The keratitis of the right eye reached its height about the last date and since then has been gradually and steadily disappearing. *Rv.* $\frac{20}{70}$. *Lv.* $\frac{20}{30}$. *Rpt.*

Sept. 23.—Another but less severe aggravation of the eyes occurred with the dysmenorrhœa at the last period, but are now again improving. Infiltration of the right eye remains only over the pupil and very slight at this point, while in the left eye it is not detected even under a strong light. *Rv.* $\frac{20}{30}$ diff. *Lv.* $\frac{20}{20}$.

Oct. 10.—Eyes have entirely recovered. *V.* $\frac{0}{20}$ o.d.

Remarks.—The point which I wished to call your attention to in this paper is the marked aggravation of the eye disease due to the dysmenorrhœa.

The specialist has of late recog-

nized the fact that many diseases of the eye are caused and aggravated by disturbances of the genito-urinary tract. In other ocular troubles in which the disease is more rapid in its course than is parenchymatous keratitis the relation of cause and effect is perhaps not so distinctly seen as in this case of mine, yet in many diseases of the fundus of the eye and in refractive errors is this agent only too potent. Again the insidious onset of this form of keratitis and the very slight diagnostic signs that are frequently found, cause this disease to be often overlooked excepting upon the most careful examination.

THE RIGID OS.

BY

PROF. PHŒBE J. B. WAITE, M. D.,

New York.

"Rigidity of the os uteri," says Cazeau, "is far less common than spasm of the cervix, from which it differs materially. It is a passive resistance which the neck opposes to the process of dilatation." "The tissue of the neck seems dense like a piece of leather soaked in grease." Against this, the contractions strive in vain until the patient is exhausted with her fruitless efforts." According to Dewees this condition is particularly apt to be met with in very young girls or in middle aged women in their first labor, also in premature labors. Madam La Chapelle speaks of *pains in the loins* as being diagnostic of a rigid external orifice, "either from its experiencing a kind of cramp or in consequence of its firmness." This sounds as though she made the two conditions identical. The treatment, as laid down by Cazeau is first, hot baths, and bleeding, or, this failing, second, *patience* unless labor be so extremely prolonged as to endanger the life of the mother, when third, lateral incisions should be made. Guernsey speaks of a rigid os as "offering a formidable bar to the progress of labor," and says, "it usu-

ally depends upon some *functional* derangement inducing a spasmodic action, though it *may* be due to organic lesions of the cervical tissues, in which case incisions will probably be required; otherwise the properly selected homœopathic remedy will be sufficient to furnish certain relief, and a happy termination to labor is the reward." This, in our judgment, is making no distinction between the spasmodic and nonspasmodic condition, and so leaves those who are seeking for light somewhat in the fog. Playfair refers to a rigid cervix "as one of the most frequent causes of delay in the first stages of labor," which he states "may depend upon a variety of causes," notably "premature escape of the liquor amnii, leaving the presenting part to press upon the cervix which throws the latter into a state of spasmodic contraction; or, second, highly nervous and emotional temperament which renders the patient so peculiarly sensitive to her suffering that the harmonious action of the fibres of the body and neck are interfered with." In some cases, says this author, "the edges of the os are thin and tightly stretched over the head, while in stout plethoric women the edges are thick and tough." His treatment differs but little from that laid down by Cazeau, except that he advocates "repeated doses of chloral, fifteen grains each," which, he tells us, acts with magical effect; also chloroform, although its effects are less satisfactory."

Lusk informs us that "abnormal rigidity of the os externum is encountered in multiparæ as the result of genuine cicatricial processes, or a *fibrous hypertrophy*; a similar rigidity in aged primiparæ is due to atrophic degenerative changes in the cervical tissues." He also states that "the main factor in producing softening of the cervix uteri is an active hyperæmia which the cervix shares in common with all the pelvic organs during pregnancy, and which is greatly enhanced during labor." This last author has, in a few words, thrown

more light upon the rationale of a rigid os than all the other authors cited. In my own experience rigid os has not been confined to primiparous women, neither do I recall a case occurring in a stout plethoric woman.

CASE I. The first case which I cite came under my observation in my early practice and was treated chiefly a la Cazeau, Playfair and other high authority with the simple remedy—*patience*—and was, I may add, in all respects satisfactory. Mrs. B., an American woman, thirty-six years of age, mother of four children, called to engage me to attend her in her approaching confinement; giving as her reason for wanting *me* that she had been attended by a woman in her previous confinements in the West, and no man, she said, would have the patience to attend her, as her labors were always so long. This negative compliment to my sex settled the point and I promised my services. I was first called to the case on Sunday about noon. Found the patient having regular pains, and examination revealed the os hard, with no signs of dilatation. Prescribed a remedy and awaited results. Three hours later my call was repeated only to find the same condition and so on for an entire week, at the end of which time the os dilated perfectly within the space of less than an hour, the second stage terminating in fifteen or twenty minutes. This, the patient informed me, had been her experience in each of her former labors and I naturally conclude that the same cause had previously existed. During the week of her labor I gave remedies as they appeared indicated, chamomilla giving the most satisfaction by reason of her peculiarly irritable condition, but the patient's strength remaining good no resort was had to operative measures and she made an excellent recovery.

CASE II. Was as miserable and starved looking a little specimen of a woman as ever became a mother. The mystery in her case was, how any fibre in her body could possibly be-

come rigid. I was first called to her case in consultation after labor had been established twenty-four hours. Found her pains regular and hard, but no impression whatever made upon the os, which was thick and, as Cazeau describes it, "leathery." I gave my best advice and left, feeling that I had probably opened a door to speedy relief both to patient and attendant, but forty-eight hours later I was again sent for to come and deliver the patient, as her strength was fast giving out. Examination showed no change in the condition of the os since my previous call, but both the strength and courage of the woman were giving out, so an anæsthetic was administered, and after forcible dilatation I delivered her of a female child; both mother and child doing very nicely in recovery. In this case various cerates and infusions, also hot water enemata had been tried without result.

CASE III. Five or six years later this same woman called at my office, and after making herself known, explained that she was again pregnant and wished me to attend her in confinement. Knowing what was likely to be expected, I invited another doctor to assist me in case of need, and when called carried anæsthetics and instruments with me. As was anticipated, though labor had set in some hours before, there was no sign of dilatation and the os had a tough doughy feeling which promised any thing but speedy delivery. After waiting an hour to ascertain the character of the pains and note progress, if any, I left her upon a remedy, promising to call again in twelve hours if not sent for before that time. In about ten hours I was, however, recalled, and summoning my promised help I went, only to find more severe pains, but not a particle of progress, the os being thick and small. There seemed no wisdom in further delay, so after procuring complete anæsthesia I proceeded to forcibly dilate and delivered her of a well

developed male child. This time the uterus behaved in a most uncanny manner refusing to contract, so that the most vigorous methods were resorted to for nearly two hours to prevent fatal hæmorrhage. The woman made an unexpectedly good recovery, notwithstanding that in spite of our best efforts, she became almost exsanguinated. These wholly contradictory conditions following each other so closely in the same patient constitute a problem which is difficult to solve.

CASE IV.—A pregnant young girl, but fourteen years of age, was brought to our Hospital in Fifty-fourth street, by an out of town physician. Nothing special occurred in the case until labor set in, when, through days and nights, the poor sinned against child endured her suffering in a manner that would have excited pity in a heart of stone. I was first called to the case on Friday afternoon, when labor had been established for twelve or fourteen hours, but no progress being apparent, and feeling that at her undeveloped age a longer time would be required than in more mature years, I advised plentiful nourishment and such remedy as seemed indicated, which régime was continued until Sunday morning, when I was again called to the case. Examination revealed the os as rigid and undilated as it had been thirty-six hours before. The child's strength was waning and for hours she had refused food, so there was nothing left but to anæsthetize and deliver, which I did with the assistance of the house physician and one or two others who were present. It is difficult to understand how any tissue in an undeveloped child could be so tense and apparently dense as the os uteri exhibited in this case, requiring all my strength to overcome. Her pelvis had not yet assumed the form of adult life, but was still in the cylindrical girlish shape so that the foetus was entirely disengaged above the superior strait and delivery produced laceration of

the perineum through to the sphincter ani, yet she made an excellent recovery; but for the stitches in the perineum she would undoubtedly have been out of bed at the end of nine days. Dewees' statement that the rigid os is a condition common to very young girls, may or may not be the rule, as I do not find it formulated by other authors, and this is the only child mother who has ever passed under my hands.

CASE V. A thin spare woman, fair complexion and blue eyes, in her early thirties, ostensibly married and primiparous, though the parts clearly revealed former pregnancies, was taken in labor in our hospital some time during the night. I first saw the case about ten o'clock in the morning when the os had the feeling of a ridge of gutta percha about as thick as my index finger, except at one point, where there was a transverse band of hard tissue apparently cicatricial. No progress was made in the case, though the pains were regular and strong, and the house physician was untiring in her endeavors, by the use of not only remedies internally but douches, inunctions, chloroform, and I know not what, until two o'clock in the afternoon, when expulsive pains set in, and before I reached the hospital, although I was sent for immediately and went without delay, the os was pressed down so that it presented at the vulva, and with the next pain the entire os was torn off as clean and smoothly as if cut with a knife, only hanging by the band of cicatricial tissue before mentioned, and with this the child was delivered. Strange as it may seem, no unpleasant symptoms supervened. Upon the second day after delivery I severed the torn os from its remaining attachment, which I found as hard as leather, and left the patient to a speedy and satisfactory recovery. This woman positively denied any former interference, but I was equally positive in my own mind that the cicatricial band was produced by an attempt at pro-

curing an abortion either during this or some other pregnancy. In reciting these cases they have been selected from quite a number, not as being wholly unique, but as specimens of a class which every practitioner in obstetrics will occasionally meet, but in comparing my limited experience with the mature deductions of the authors cited I would remark that I have not found a rigid os especially confined to middle aged women in their first labor, or to premature labor, my experience with it having been almost wholly confined to multiparous women who have seemed to repeat the condition at each delivery. Neither have I observed the pain in the loins especially in these cases, as laid down by La Chapelle. I do not recollect once to have met it in a stout plethoric woman, but invariably in thin, spare, nervous women, which seems to justify Playfair's assertion that highly nervous and emotional temperaments are more liable to this complication. The last case cited was undoubtedly due to the lesion of the cervix as referred to by Guernsey. In my mind Lusk has correctly formulated it, when he refers to this condition as common to multiparæ, and as being due to cicatricial changes and fibrous hypertrophy of the os externum from repeated deliveries.

PHTHISIS—INHALATIONS OF IODOFORM AND TURPENTINE.—De Renzi and Rummo (*Gaz. Med. Ital.*) give inhalations, twice a day for two hours, in a small room, of spray of a solution of iodoform in turpentine, for phthisis. The effects are satisfactory.

Dr. G. Johnson lately told the British Medical Association of a patient of his, 55 years old, who had lived upon milk diet for five years. He took a gallon of milk a day, but not a particle of any other food. This treatment cured him of Bright's disease.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medicine, Surgery
and Sanitary Science.*

Editor :

GEO. W. WINTERBURN, PH.D., M.D.

Regular Contributors :

Profs. S. P. Burdick, E. M. Hale, E. C. Franklin.
A. R. Thomas, Geo. S. Norton, J. G. Gilchrist, T. F.
Allen, Jno. C. Morgan, I. T. Talbot, C. H. Vilas,
Martin Deschere, B. F. Underwood. Drs. G. N.
Brigham, Phil. Porter, Geo. M. Ockford, Geo. H.
Taylor, C. P. Hart, C. F. Millsbaugh, Mrs. J. G.
Brinkman, Mrs. Julia H. Smith.

Our columns will always be open to a courteous and fair discussion on all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, unless endorsed in our editorials.

SUBSCRIPTION, \$2 per year, in advance. For accommodation of subscribers, this journal is not discontinued until an order is received to that effect.

Remittances may be made by Post Office order, check or inclosed in a Registered Letter, at our risk.

A. L. CHATTERTON PUB. CO.,

New York.

EDITORIAL.

With the beginning of the new year, and of a new volume, this journal will be known as THE AMERICAN HOMŒOPATHIST.

*
* *

It is pleasant to hear words of commendation from our subscribers. We are glad to know that so many of them appreciate the efforts put forth to make this journal acceptable and useful. With the valuable assistance promised for the coming year, from men honored in the profession, we believe the HOMŒOPATHIST will be better than ever before. That it may prove of service to its readers, and that to all the new year may prove a happy and prosperous one is our most earnest wish.

Every practitioner has had a peculiar case to treat ; or has learned a new way to treat an ordinary one ; or has verified some symptom of a little used drug. It matters not if it takes ten lines or several pages to express it on paper, put it down and send it to us. The HOMŒOPATHIST is the means at your command to " cast your bread upon the water ; " and we solicit your co-operation that we may be the means of much good in thus exchanging the experiences of our subscribers.

*
* *

A valuable contribution in regard to the new local anæsthetic, by Prof. Norton, will be found in another place in this number of the HOMŒOPATHIST. This new surgical aid is justly attracting very great attention from the entire medical world, and our Homœopathic surgeons have not been behind hand in experiments with it. There seems to be good cause for regarding this discovery as a positive advance in surgical science. It is an undisputed fact that when it becomes imperative to produce profound coma by the use of our ordinary anæsthetics, we voluntarily conduct the patient very near the border-land of that undiscovered country from whence no one returns. This danger always weighs upon the mind of every careful operator, and adds materially to the anxieties of every operation. Hence, it is not surprising that the medical profession is enthusiastic over the discovery of a preparation which offers such a hope of a safe anæsthesia. The usefulness of the hydrochlorate of cocaine (or more properly *erythroxyline*) as an anæsthetic to the mucous surfaces is

already determined, and it has been used successfully in operations about the eye, mouth, throat, nose, vagina and rectum. It is probable that in combination with some other substance yet to be determined, it will very shortly be made equally available for operations involving the outer integument.

*
* *

In this connection, we again call attention to American priority in this discovery. Niemann's claim dates from 1859 : but on Dec. 2, 1857, Prof. Saml. R. Percy, of this city, exhibited it, and read a paper on its method of preparation, its chemical and physiological properties, before the New York Academy of Medicine. Dr. Percy named it Erythroxyline, to distinguish it from the products of the cocoa bean. Americans should insist on the name Erythroxyline in honor of its American discoverer.

*
* *

Our esteemed contemporary, the *New England Medical Gazette* calls attention, editorially, to public sentiment with regard to chastity as illustrated by the recent Presidential campaign. In the past month a rare opportunity has been offered to test popular sentiment on the subject, and if we may judge by the result, a large majority of the American people do not consider personal chastity as necessary in its chief executive. Being heartily in accord with the views expressed by the *Gazette*, we present them here :

"It is at once grotesque and disheartening to see how absolutely the physical aspects of unchastity are ignored in discussing the matter.

The youth of America — whose opinions and convictions are being formed to an incalculable extent by what they are now reading and hearing—are, on the one hand, solemnly warned of the moral consequences of unchastity, and on the other assured that it is not 'incompatible with the noblest virtues that dignify mankind.' It is quite time that the youth of America were distinctly taught that, whatever the moral results of unchastity may be, its physical results admit of no question, and must be taken very seriously into consideration. Habitual libertinism may or may not be consistent with courage, honor, and ability for affairs ; but it is most certainly not consistent with a clear brain and that physical self-command without which a man's finest qualities are as useless as soldiers in mutiny. A man's soul may (?) be built, as some seem to claim just now, on the plan of an ocean steamer, with 'water-tight compartments,' so that one part of its being may be flooded with ruin, but by the intact safety of other parts the whole be kept successfully afloat. But his body is certainly not so constructed. There, no function can be diseased or abused and the system remain in health. No exacting, strenuous, and worthy work is compatible with the existence of a morbid, pampered, and filthy appetite. It is time to uproot the idea—which is as the upas-tree of social science—that sexual indulgence is necessary to the health of any male adult. Since absolute continence is made the condition of perfect strength and self-command,—as in the case of athletes,—no one need fear hurtful consequences from its

observance ; but every indulgence of lustful appetite unfits a man, in greater or less degree, for doing a man's work. While young men are beckoned corruptionward by the seductive examples just now held up before them of men who, notoriously unchaste, have seemed to keep their splendid powers unimpaired, it is for the guardians of health to point out that for every Henry IV. history shows us a hundred Herods ; and though individuals, here and there, may seem to escape the physical consequences of unchastity, the rule holds inflexibly good for a man or for a nation that habitual licentiousness means decay of all manly possibilities, rottenness and death. Let physicians see to it not only in the interest of the health of to-day, but that of the coming generations, near and remote, that popular sentiment shall no longer dare to teach, as it teaches to-day, the harmlessness of unchastity, else may we look to see the youth of America, learning all too willingly the lesson set before them by shortsighted and reckless partisanship, turn aside into the paths whose certain end is national decay."

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

A regular meeting of the Homœopathic Medical Society of the county of New York was held on November 12th, Dr. Dillow, Vice President, in the chair.

The minutes of last meeting were read and approved.

Dr. Howard and Dr. Schenck, newly elected members were presented to the Society by the President.

The Executive Committee reported favorably upon the proposition for membership of Dr. Alton G. Warner, who was balloted for and elected.

Report of the Bureau of Ophthalmology, Dr. F.H. Boynton Chairman.

Dr. Geo. S. Norton said he would like to bring to the attention of the Society a new local anæsthetic, Cocaine Hydrochlorate. It might seem as if he was considering a much hackneyed subject in speaking of this drug as almost all the medical journals and many newspapers had contained articles upon this new agent for the production of local anæsthesia, but possibly during the recent political excitement some may have overlooked it. He would give some of his recent experiences with the drug,

Cocaine is the active principle of the Erythasylin Coca, a plant found wild in South America, especially in Peru and Bolivia, grows eight or ten feet high, the leaves contain the medicinal properties; the leaves are allowed to dry upon the plant and are gathered after the rain ceases in March; also in July, October and November. They are placed upon a coarse woolen cloth and after through drying packed in boxes; it is necessary to keep them dry to preserve their qualities. The best leaves will show a dark green color on their upper surface and a grayish brown on the under surface. Those of a brownish color are not good. The green leaf has an odor similar to tea odor, but when spoiled has a comphorated odor. It has a decidedly stimulating effect upon the nerve centers and those using it are enabled to undergo great exertion and fatigue without much food; the natives make a little ball of the leaves, place a small quantity of quick-lime upon it and chew it. It has been used by them from a very remote period, even before the Spanish conquest, and considered almost a sacred plant. Cocaine is the alkaloid of the plant, it was first extracted by Neimann in 1859 and an account published in 1860; the amount of the active principle in the leaves varies from perhaps one-fifth to one-sixtieth of one per cent., crystallized in four and six sided prisms, is soluble in dilute acids, especially

Hydrochloric acid which is principally used, the dose of the Cocaine is from one-sixth of a grain to two grains and is not cumulative in the system ; large doses produce decided narcotic effects similar to *Canabis Indica*, causing vertigo disturbances of the brain with loss of memory and thought, sometimes nausea. In 1880 Van Aurgs (?) in experimenting with it found a loss of sensation upon injecting it hyhodermically, he noticed some dilation of the pupil but did not discover if there were any loss of sensitiveness of the eye. A little over a month ago a German student while experimenting with the Hydrochlorate of Cocaine discovered its local anæsthetic effect upon the eye and his discovery has spread all over the world, as soon as Dr. Norton heard of it he sent to Eimer & Amend, Druggists, but could not obtain the Hydrochlorate, there being none in this city, they had Merck's preparation of the alkaloid Cocaine, and with Prof. Leal's assistance a Hydrochlorate was made by placing the Cocaine in water and adding Hydrochloric acid diluted, till the Cocaine dissolved, care being taken to keep the preparation alkaline. Since then he has been able to procure a specimen of the Hydrochlorate also prepared by Merck, of Germany. A solution of this preparation will deposit in the course of a week or ten days a sort of fungus which becomes quite apparent, but his experience leads him to believe this is not a detriment to the preparation. Dr. Norton prepared a two per cent. and a four per cent. solution of the impure preparation and a two per cent. solution of the Merck's preparation, with which he made several experiments ; his method of using has been to place in the eye two drops of the solution, at the end of five minutes, two drops more, and at the end of another five minutes a third dose of two drops. The only difference noticed in the effects of the two and four per cent. solutions was that in the four per cent. the effect seemed

to last longer. In all the solutions dilation of the pupil occurred in less than ten minutes ; the powers of accommodation were only slightly weakened by the impure preparations, but the Merck's preparation produced marked effect, there being a partial paralysis of accommodation. Dilation commenced in about ten minutes ; the effect upon accommodation reached the maximum in from twenty to thirty minutes, and decreased in about an hour. The effect upon the sensitiveness of the eye was about the same in all three preparations ; the first administration of the anaesthetic will cause a slight shrinking from a smarting sensation, but probably not more than would be produced by the same use of water ; when the next dose is used it can be put in without being noticed, and the conjunctiva can be touched, and in about twenty minutes there is entire loss of sensitiveness of the conjunctiva which can be handled with forceps or touched with a probe without being noticed by the patient. The sensitiveness begins to return in about thirty to forty minutes, and is regained in about an hour. It was Dr. Norton's experience that anæsthesia seemed to be as complete and rapid with the two per cent. as the four per cent. solution, though this is opposed to the results obtained by Dr. Knapp (?) who could not produce anæsthesia with the two per cent. solution but could with the four per cent. About twenty minutes after using the impure preparations a severe smarting came on which lasted three or four hours similar to the effects produced by the fumes of menthol (?) ; the pain was aggravated by going into the open air but ameliorated by quiet. Dr. Norton has performed several operations upon Raticuts under the influence of this drug ; has removed foreign bodies from the eye and otherwise demonstrated its value as a local anæsthetic for the eye. Experiments have been made upon other mucous surfaces with the result of producing anæsthesia in the nose, mouth, throat,

urethra and vagina, it has been used to relieve pains in the ear but its effect is only temporary : it does not appear to have any effect upon the skin when applied to the surface but when used hypodermically has the same anæsthetic effect as upon mucous surfaces.

Dr. Sterling said he could speak of the value of Hydrochlorate of Cocaine as a local anæsthetic ; he had used it in the case of a patient who had a cinder in the eye ; had only found it necessary to make two applications of the two percent. solution and although the object was deeply imbedded and difficult to remove its removal was accomplished without pain to the patient. He had assisted Dr. Hunt in performing several iridectomies, in which there had been excellent results ; in one of these cases there appeared to be a sensitiveness upon seizing the iris ; a case of photophobia at Dr. Liebold's clinic had relief for two days after its application.

Dr. Boynton said he had used the Hydrochlorate of Cocaine in several minor operations and could speak of its value. He had used it in a case of excessive photophobia in ulceration of the cornea and in less than five minutes the patient who could not previously bear a ray of light was able to look around without pain ; the effect passed off in a few hours.

Dr. Beebe mentioned a case of nasal polypus which had been operated on with excellent results under the influence of Hydrochlorate of Cocaine, and suggested its use in tubercular laryngitis, hypodermically.

Dr. Boynton mentioned a peculiarity of the effect of this drug ; patients could bear the sight of a probe approaching the eye without flinching ; and thought it was due to a loss of accommodation.

Dr. Leal has used the Hydrochlorate of Cocaine and produced all the effects mentioned in Dr. Norton's remarks. After seeing Dr. Norton's article and the possible similarity suggested between the alkaloid Theine and Cocaine he procured some

Theine and prepared and applied it in the same manner as the Cocaine is used without producing any of the symptoms of anæsthesia ; demonstrating a want of relationship between the two alkaloids as far as anæsthetic properties are concerned,

Dr. McDougall called attention to the case reported by Dr. Norton of a child so sensitive as to fear the probe, and only upon assurance from the doctor that no cutting was to be attempted would she allow any approaches made to the eye. He suggested the fear of a patient might be controlled by the knowledge that there would be no pain.

Dr. Schley asked if the effects of Hydrochlorate of Cocaine had been uniform ; if all cases had been acted upon similarly.

Dr. Geo. S. Norton said as far as his experience had gone the effects had been the same in each case, except that adults did not appear to be as readily acted upon as children.

Dr. A. B. Norton read a paper on a "Case of Keratitis Parenchymatosa."

Dr. F.H. Boynton read a paper on "The Curability of Neuralgic and Sick Headaches by the Correction of refractive Errors." Explaining the Anatomy of the Eyeball and Physiology of sight by means of plates.

Dr. Allen said he always liked to see both sides of a subject presented if only for the purpose of bringing out discussion. He fully agreed with Dr. Boynton as to the necessity of correcting errors of refraction, but thought there were other things to be considered as well ; there are numbers of healthy persons affected with errors of refraction who never complain ; he had known of a man who was so excessively astigmatic he was compelled to squint his eyes up to a page to see type which was perfectly discernible to ordinary eyes ; was affected for years and never complained. Some persons who are marvellously benefited for a year or so will drift back to the old trouble ; he had known of cases returning to

the same condition after many years. He thought such cases should be treated medicinally, and glasses used as supplementary treatment.

Dr. Boynton thought the use of lenses for the relief of these cases did not represent an antagonistic side. If patients need constitutional treatment he believed in giving it to them, but did not believe errors of refraction could be cured by medicine alone; he would not object to the use of medicines after the patient was placed in proper surroundings.

Dr. A. B. Norton, mentioned a case which had been under the care of several physicians for a length of time without benefit in which the use of glasses had brought relief.

Dr. Geo. S. Norton said he did not believe all headaches were dependent upon the eye, or that any particular type was dependent upon errors of refraction, although many headaches and other nervous disturbances were due to this cause; it might be taken as a general rule that where headaches are brought on or aggravated by the use of the eyes they should be examined in regard to headaches returning after a time when glasses were used, he thought in some instances this might be due to a mistake in the prescription, and recommended a more thorough examination where this occurred. Dr. Norton believes every case should be examined under Atropine; he has been surprised at times at the small amount of astigmatism that would cause nervous disturbances; it had been laid down as a rule that an astigmatism of one fortieth might be considered normal that even a less marked degree would produce trouble was demonstrated in a case mentioned by the doctor of a child in whom an astigmatism of one-one hundred and forty-fourth created nervous symptoms, which were relieved by the use of corrective lenses and change of surroundings. Dr. Norton stated that he has almost become enthusiastic over the use of

Atropine in examination of the eye, and does not make a prescription without its aid

On motion the hour for adjournment was extended.

Dr. Boynton said it was not claimed that all headaches or any certain types of headaches were due to errors of refraction; he had never examined a case of periodic headaches without finding some error of refraction. A certain correspondence of nervous inheritance and astigmatism go hand in hand, unfortunately most of these cases run the gauntlet of physicians, one will treat the liver a second the uterus, another the spinal column and so on until they fall into the hands of an optician who happens to strike the cause; he believes it is a mistake to treat every case of recurrent neuralgia with medicine without an examination of the eye.

Dr. Schley mentioned a case which in his opinion demonstrated how enthusiasts over any special subject are likely to err by not looking further than their specialism; an old lady came under his treatment who had been suffering from headaches for a long time, she had been operated on for laceration of the cervix and perineum by a physician who had assured her the cause was there; she had been treated by an oculist who was equally positive of the trouble. After this lady had been under Dr. Schley's treatment he discovered she was in the habit of using a coloring material for her hair which contained lead, and was really suffering from plumbism. He suggested the advisability of examining these cases in every particular before a prescription was made.

Dr. Bacon thought the pith of Dr. Allen's remarks had been overlooked, he did not believe examination was unnecessary; but Dr. Boynton had not mentioned Homœopathic treatment as auxiliary; he thought some treatment was necessary.

Dr. Allen:—I believe that these troubles are in great measure faults

of civilization, and think the subject very deep. It may be considered a fair principle that in proportion as our bodies are strong and vigorous so we should be free from errors of refraction; with few exceptions all troubles of any great moment as well as small derangements of the system are due to constitutional ailments and should be so treated. There is a growing tendency among physicians to apply treatment for the destruction of germs of disease in the human body. I listened to a paper read by a physician last night in which he asserted that nothing could be done but the use of germicides for the destruction of microbes in the body; I was astounded; the amount of germicide necessary to produce any local effect on microbes in the system would be sufficient to endanger life. It is a fact that the weaker succumb, the fittest survive; the stronger get on without treatment the weaker have to be bolstered up.

On motion the remaining papers which were to be read at this meeting were laid on the table.

MISCELLANEOUS BUSINESS.

Dr. Dillow, President, stated that as the office of secretary was vacant a motion to fill the vacancy would be in order.

Dr. Boynton moved that Dr. Sterling cast the vote of the society for Dr. A. B. Norton, for Secretary. The motion was seconded by Dr. Lilienthal, and carried.

The president declared Dr. A. B. Norton elected.

Dr. Franklin Smith stated that some time last year, by motion of the Society, he had been directed to notify all members of the Society over two years in arrears, for dues, that action would be taken in their cases if attention was not paid to the matter by them; he had notified them at least three times. Dr. Smith then read a list of those members over two years in arrears and moved that, in accordance with the standing resolution of the Society, the names of

these members be dropped from the roll and the Secretary requested to notify them of the action of the Society. Seconded by Dr. Geo. S. Norton.

Dr. Bacon suggested that the names go to the Executive Committee; some of the names read were those of members well able to pay and it might be merely a matter of unintentional neglect.

Dr. Allen thought as the legal status of membership in County Societies was somewhat in dispute because of recent State laws, it would be better to suspend these members from privileges of membership.

After discussion, it was, on motion, decided that the names of delinquent members be referred to the Executive Committee with full power. The society then adjourned to meet in two weeks from date.

LITERATURE.

Our good opinion of Dr. Geo. M. Sternberg, as an efficient and conscientious observer, is enhanced by a perusal of his recently published monograph on malarial diseases. This book forms the July number of Wood's Standard Medical Library, and is one of the most valuable of this year's series.* He teaches the necessity of prescribing not for a name, but for the totality of the symptoms, and the daily study and comparison of the subjective and objective manifestations of disease and variation of the remedies accordingly. Malaria is defined as a poison of telluric origin of which we know nothing definite as to its chemical and physical characters. Its mode of action on the nervous system is as yet undiscovered; it may incubate for weeks or months, or may attack the system suddenly and at once. Its attacks vary in severity, depending upon individual peculiarities; one attack predisposes

* *Malaria and Malarial Diseases.* By George M. Sternberg, M. D., F. R. M. S. Svo, pp. 329. (New York: William Wood and Company).

to a recurrence of the disease ; it is no respecter of persons, of youth or of age, though the negro is less liable to its ravages than white persons. Animals suffer from it and dread its influence. Quinine and Arsenic are the potent antidotes to malarial poisoning. The chapter on prophylaxis, general and individual, is especially interesting and instructive. The second part of the work treats of the various forms of malarial disorder.

The author has drawn freely from the writings of such accepted authorities as Colin Morehead, Fayner, and Béranger Férand ; and has put into the hands of the American reader much valuable information not otherwise accessible.

Prof. Gilchrist needs no recommendation to the homœopathic fraternity. Everybody knows him, and his ability as a writer is unquestioned. The appearance of a new work from his pen is an event in homœopathic literature,* and if the letter-press had only been half-way decent we should have said that the work was one of which we might be proud. It is a subject of profound regret that Dr. Gilchrist should have fallen into the hands of a publishing firm so incapable. This is not the first time that they have brought out a worthy work in a niggardly manner ; but we hope it may be the last. Any one practically acquainted with the art of printing will know that an additional fifteen cents per volume would, in the hands of a publisher of refined taste, have produced a work fit to stand on the same shelf with Rane's *Pathology*, Hughes' *Pharmacodynamics*, Minton's *Uterine Therapeutics*, Dickinson's *Practice*, and Kippax on *Fevers*, and not a typographic abortion. This is not an unimportant matter. The influence of a book depends largely upon the appearance it makes ; and while many books are unworthy of the fine dress that is given them, others, like the one

in question, are marred by an uncouth imprimery. A physician may be capable and accomplished, but if he appear in a rough coat and with unkempt hair he will fail in his ministration often when he should have succeeded. A school in medicine, like everything else, is judged by the appearance it makes, and if its literature is slipshod in appearance it will be prejudged as unworthy of respect. Prof. Gilchrist treats, in a systematic manner, accidents of every form and name, and presents the subject in a way that will interest, delight and instruct the most ordinary practitioner. The work is of inestimable value to the practitioner, and is worthy of a place on the front shelf of any medical library, to be consulted at every surgical emergency.

Dr. Morrell Mackenzie is accepted by the entire profession as an authority in diseases of the respiratory tract. It, therefore, need only be mentioned that a work which has enlisted his interest, and occupied his time, for the past twelve years is now nearly complete, and that the second volume is already issued.* It forms the August number of Wood's Standard Library, and is beautifully and fully illustrated.

Of the very highest importance in the healing art is a work just issued by the venerable Professor Buchanan.† We have read the book from cover to cover with unabated attention ; and it is replete with ideas, suggestions, practical hints, and conclusions of eminent value to every practitioner,

* *A Manual of Diseases of the Throat and Nose*; including the Pharynx, Larynx, Trachea, Oesophagus, Nose, and Naso-pharynx. By Morrell Mackenzie, M. D. Vol. II. 8vo., pp. 400. (New York : William Wood & Co.).

† *Therapeutic Sarcognomy*, a Scientific Exposition of the Mysterious Union of Soul, Brain and Body. The Scientific Basis for Therapeutic Magnetism and Electro-Therapeutics. By Joseph Rodas Buchanan, M. D. Vol. I. Nervauric and Electric. 8vo. pp. 269. (A. L. Chatterton Pub. Co., New York.)

* *Surgical Emergencies and Accidents*. By J. G. Gilchrist, M. D. 8vo., pp. 582. (Chicago : Duncan Bros.).

who is himself enough of a natural physician to appreciate and apply them. The word Sarcognomy was coined by Prof. Buchanan, in 1842, to express in a word the recognition of the relations existing between the body and the brain. He advances the idea that the whole body is expressive; that the entire form is an embodiment of character; that each part of the envolving surface not only possesses a physiological characteristic but psychological powers; that each portion of this cutaneous surface exercises, through the nervous system, a direct action upon some particular part of the brain; and that these facts, now for the first time properly elucidated, may be advantageously used in the treatment of disease. Having been cognizant of the very valuable and original work accomplished by Prof. Buchanan in physiology, and having seen him demonstrate many times on persons of all grades of intellectual and physical health the truths he here affirms, the subject has lost the sense of novelty to us, and is accepted as undoubtedly proven. But to the majority of physicians these views, differing as they do radically from text-book knowledge and college instruction, will seem at first imaginative and fanciful. They will, however, stand the test of practical experience. They will repay study, and will add largely to the successful performance of professional service. No physician can afford to ignore the help proffered by this new philosophy. Upon the psychic function of the brain Prof. Buchanan is the highest living authority. The leading idea of his philosophy is that life belongs to the soul, and not to the body. This is antagonistic to the views of most scientists of the day; but it nevertheless deserves consideration, and will ultimately find acceptance. We hope that this work may have a wide sale among the medical profession, for wherever it goes we may expect as a consequent, improved methods in the art of healing.

ITEMS.

Dr. Yeldham charges Boericke and Tafel with appropriating a review of his book on Syphilis, and making it serve as an advertisement of the work of another author. And he proves it, too!

Demorests' is a charming monthly, replete with wholesome reading, useful information, and practical advice. Among its contributors are Jennie June, Louisa M. Alcott, Julia Ward Howe, Ella Wheeler, Mrs. Alexander, and other notable writers.

The Century, like good wine, improves with age. Every succeeding number is a fresh delight, and we can only wonder at the ingenuity of man in crowding so much of luxury into such narrow compass. A feature of the current volume is the series of military articles by eminent commanders. These alone are worth the subscription price.

About the middle of every month the cry comes down from the nursery, "Isn't it time for our magazine?" and *our* magazine is, of course, *St. Nicholas*. The child to whom *St. Nicholas* is not a monthly visitant misses much of the pleasure of modern childhood. It is one of the best of teachers, and a most desirable gift to any child. There would be mutiny in our household if it should cease to pay its wonted visits.

Physicians having specific remedies which they wish introduced, or which are already in the market but insufficiently handled, can find an active agent, with capital, experience, highest references, and extensive acquaintance with the profession and drug trade, by addressing *Capital, care AMERICAN HOMŒOPATH*. Only those articles handled which can be pushed by direct work among physicians.

Harper's Magazine is one of the remembrances of our boyhood. How we used to pore over its pages; what delight we found in its stories, in its records of travel, and in its pictures. But the *Harper's* of to-day is as unlike that of our youth, as New York itself is unlike the city of four decades ago. Its fame is world-wide, and its friends are legion. It comes to us like an old friend, whom age has crowned with every perfect grace, and whose companionship is a constant delight.

The British Journal of Homœopathy succumbs to the inevitable. We are sorry, but it saves us two copies of the HOMŒOPATH, which we have regularly sent in exchange without receiving *quid pro quo*. It is said to be more blessed to give than to receive; but we have had enough of that sort of a blessing. The most plaintive pleadings on our part have failed to move the obdurate heart of the publisher of the *Journal*, who would insist that we ought to receive it, but always failed to see that we did.

INDEX.

ABORTION by quinine, 85
 Abscess of the spleen, 257
 Acute Nephritis, Obscure cases of, Henry B. Millard, 23
 Administration of chloroform, 252
 Air, Practical means of purifying the, 60
A L'Anglaise, 30
 ALLEN, WILLIAM A. Intestinal obstruction, 124
 Alumni dinner, 115
 American Institute of Homœopathy, 244
 Amergo, Another, 52
 AMICK, W. R. Mouth respiration, 218
 A model certificate, 113
 An antipeccarist, 202
 Ancient notes on convallaria majalis. Richard E. Kunzé, 130
 Animal magnetism, Sources and definition of. Charles F. Taylor, 50
 Anophthalmos. F. Parke Lewis, 109
Aphasie, Therapeutics of. Charles Porter Hart, 24
 Apoplexia of the Tympanum. W. H. Winslow, 125
Aralia Racemosa. E. A. Farrington, 297
 A seductive drug. Geo. W. Winterburn, 46
 Asparagus, The action of. C. Lloyd Tuckey, 217
Aurum Cyanatum in atactic affections, 140
Aurum, Ozœna cured by, 28

BALL from a revolver in the brain for six years, 140
Belladonna in erysipelatous sore-throat. Thomas Nichol, 237
Berberis aquifolium. Geo. W. Winterburn, 70
Bismuth in obstinate diarrhœa. Harman Smith, 109
 Blood, The third corpuscle in the, 252
 Boards of Health, 112
Boletus (agaricus albus). Anna C. Howland, 69
 Bones as a diet. H. E. Dennett, 155
 Borocitrate of magnesia as a solvent of urinary calculi, 312
 BOSWICK-MOUNT, M. A. The importance of a suitable diet to enable homœopathic remedies to produce their legitimate effects, 300

Bowel disorders, Rhus tox., in, Geo. W. Winterburn, 299
 Brain, Concussion of the. F. E. Doughty, 15
 Branny foods as nutrients, 285
 BRIGHAM, GERSHOM N. Fractured cervix with hyperplasia of the uterus and neck, 124
 — — Graphites in eczema, 43
 — — Plumbum in Typhlitis, 102
 Bright's disease and beer drinking, 257
Bromide of Ammonium as anti-fat, 55
 BROWN, T. L. The prevention of nervous disease, 80
 BUCHANAN, JOS. R. Sarcognomy, 289, 325
 BURDICK, S. P. The rigid os, 9
 BURNETT, J. COMPTON. Contribution to the clinical history of the, 205
 — — Stricture of œsophagus cured by cundurango, 149
 Burns, Treatment of, S. T. Talbot, 50

CALCAREA, Rickets cured by, 30
 CAMP, ARTHUR A. Materia medica provings, 68
 — — Partial paralysis from reflex irritation, caused by congenital phimosis and adherent prepuce, 156
 CAMPBELL, EUGENE. Parental influence, 183
 Cancer of the breast in a girl, 54
 Candlestick in the uterus, 312
 CARDOYO, J. L. Could bones be taken as a diet? 177
 Causes and prevention of diphtheria. Geo. M. Ockford, 97
 Cell physiology, 175
 Cerebral concussion. Prof. F. E. Doughty, 103
Chamomilla, The influence of, upon the female. Henry Minton, 84
 CHAMPLIN, H. D. Food and its digestion, 180
 CHARLES, E. W. Operations to remove fifteen fatty tumors, 280
 Cheesy glands—Iodoform dressing, 337
 Chloral poisoning, 30
 Cholera. P. Jousset, 302
 — Cases of, A. C. Mukerjee, 271
 — What to observe in, Mahendra La'l Sirca'r *Cimicifuga* in diseases of the eye. Geo. W. Winterburn, 18
 — in the neuroses. George W. Winterburn, 106

Cincinnati Board of Health, 281
Citric acid in cancer, 49
 Cocaine hydrochlorate. Geo. S. Norton, 338
 College Journal, 117
 Coma. Chas. Porter Hart, 160
 CONANT, CLARENCE M. Congenital hernia, 235
 Consumption. Edwin A. Gatchell, 297
 Contributions to the clinical history of the thuja occidentalis. J. Compton Burnett, 208
Convallaria and *digitalis*, in cardiac dropsy. E. M. Hale, 10
Convallaria majalis, Ancient notes on. Richard E. Kunzé, 130
 Correspondence: Letter from Prof. E. M. Hale, M.D., Chicago, 87
 — Reply by the editor, 87
 Cough cured by rumex, 30
 Could bones be taken as a diet. J. L. Cardozo, 177
 COVERT, N. B. Mastoid disease, 79
Cundurango, Stricture of the œsophagus cured by, 149
Cyanuret of mercury, in diphtheria, 28
 — in diphtheria. E. M. Hale, 152

DAKE, J. P. Materia medica revision (rule No. ten), 317
 DANFORTH, L. L. The management of the membranes during labor, 293
 DECKER, W. M. The evolution of true medicine, and the unity of medicine, 73
 DENNETT, H. E. Bones as a diet, 155
 Diabetes, cured by nitrate of uranium, 30
 Diagnosis, Regular.—Laparotomy—Cyslosarcoma. Phil. Porter, 42
 Dietetics for the sick, 200
Digitalis in cardiac dropsy, 10
 Diminution of urea in cancer, 227
 Diphtheria and mercurials. Samuel Lilienthal, 153
 — cured by cyanuret of mercury, 28
 — Cyanuret of mercury in. Edward M. Hale, 152
 — If not, what? G. M. Pease, 154
 — Infection through an ear-ring, 61
 — The causes and prevention of, 97
 — Therapeutics of. Geo. W. Winterburn, 134
 Discoloration from an injury, 85
 Doctors' mistakes, 225
 Doctors on marriage, 111
 DOUGHTY, F. E. A case of cerebral concussion, 103
 — Concussion of the brain, 15
 — Treatment of urinary calculi, 38
 DOWLING, J. W. Exophthalmic goitre, 37-100
 Dropping fluids into the eye, 257
 Dr. Pancoast, 249
 Dr. Ringers, Homœopathy, 28
 Drug proving. H. M. Paine, 69
 Duration of the menstrual hæmorrhage in relation to the development of the fœtus at term, 133
 Dysentery,—*Lilium tigrinum*. G. W. Pease, 45
 Dyspnoea after cough, 112

ECZEMA. Chas. F. Millsbaugh, 205
 — Louis de V. Wilder, 130
 — Graphites in. G. N. Brigham, 43
 EDITORIALS:—A brief retrospect, 172; A change of name, 114; A bowel opener, 58; A Jersey scheme, 58; America's priority, 336; A result of quarantine regulations, 229; A peculiar prescription, 26; And this is Homœopathy, 27; A present duty, 56; Anæsthetic, 307; Bedside urinary analysis, 254; Buchanan on sarcognomy, 306; Confession of a learner, 142; Cholera, 198, 228; Commendation, 336; Cheese poisoning, 255; Enforcement of sanitary measures, 228; Homœopathic Hospital at Washington, 255; Health results, 306; Medical legislation, 65, 86; Medical freedom, 86; Massachusetts Homœopathic Hospital, 58; Mention of current articles, 172; Multum-in-parvo's food, 87; Malt, versus spirituous liquor, 254; Miss Ellen Terry and vaccination, 229; Mrs. Winslow's soothing syrup, 57; New local anæsthetic, 336; Personal chastity, 337; Predetermination of sex, 142; Prof. Huxley's views, 114; Question of philology, 57; State medicine, 114; The State Society, 27-86; The alumni dinner, 114; The right of choice, 86; The successful practitioner, 86; The American Homœopathist, 336; The chironian, 307; The allopathic game, 57; The only consistent position, 87; The Erie Co. medical bill, 56; The liberal allopathist, 26; Who is right? 27; Who may be members, 56; Who shall be judge over us, 57.
 EDMONDS, W. A. Enteralgia, 214
 — Pertussis, 265
 Effects of massage on gastric assimilation and nervous debility, 227
 Emotions and health, 253
 Enlarged spleen in a child preventing delivery, 53
 Enteritis. W. A. Edmonds, 214
 Epilepsy. Julia Holmes Smith, 211
 Epistaxis—The Condom, 286
 Erysipelas and carbuncle. Some observations on. Oran W. Smith, 72
 Erysipelas, Treatment of. P. Jousset, 223
 Euthanasia, 202
 Evolution of true medicine, and the unity of medicine. W. M. Decker, 73
 Exophthalmic goitre. J. W. Dowling, 37-100
 Expand the chest, 313
 Experimental physiology, Methods and hopes of. John Tyndall, 47
 Extra-uterine gestation, A remarkable case of, 54
 Extra-uterine pregnancy—Laparotomy, 256
 Eye, Cimicifuga in diseases of the. Geo. W. Winterburn, 18

FARRINGTON, E. A. A note on *aralia racemosa*, 297
 — Senega, 233
 Feigned skin diseases, 251

- Femoral hernia in its relation to lipoma of the groin. Chas. M. Thomas, 149
 Fighting against vaccination, 248
Fluoric acid in goitre, 53
 Fetus in fetu, 54
 Food and its digestion. H. D. Champlin, 180
 FOOTE, GEO. F. The medical treatment of injuries, 178
 Foreign body in womb, 281
 Fractured cervix with hyperplasia of the uterus and neck. Gershom N. Brigham, 124
 — Patella—Aspiration, 000
Franciscea uniflora (manaca) in headache. E. M. Hale, 97
 French academy and diphtheria, 113
 Fusel oil in sweetmeats, 256
- GAMBETTA, 30
 Ganglion—Aspiration, 257
 GATCHELL, EDWIN A. Koumiss, air and oil, 330
 — — On the cure of consumption, 297
Gelsemium, Insomnia cured by, 28
 — Some cases. Geo. W. Winterburn, 269
 Genuine sitophobia, 141
 Gestation of three years, 285
 Gonorrhœa, The micrococcus of, 61
Graphites in eczema. G. N. Brigham, 43
 Gynæcial uses of hot water, 258
 Gynecology, Report of the bureau of. John J. Mitchell, 84
- HÆMATURIA—Diagnostic point, 257
 Hæmorrhage during the early months of pregnancy, 201
 — in placenta prævia, 251
 — Secondary, after enucleation of the eye. Geo. S. Norton, 11
Hæc olim meminisse juvabit. William Tod Helmuth, 93
 Hahnemannian Society, 115
 Hair in eye, 286
 HALE, E. M. *Convallaria* and *digitalis* in cardiac dropsy, 10
 — — Cyanuret of mercury in diphtheria, 152
 — — *Franciscea uniflora* (manaca) in headache, 97
 HART, CHAS. PORTER. Coma, 160
 — — Hints on the diagnosis of peripheral nerve lesions, 121
 — — Myxedema, 105
 — — Therapeutics of aphasia, 24
 HASBROUCK, EVERITT. Retrospect and suggestions, 65
 — — The position we maintain, 74
 Headache, *Franciscea uniflora* (manaca) in, 97
 Heidsick in measles, 281
 HELMUTH, WILLIAM TOD. *Hæc olim meminisse juvabit*, 93
 Hepatica, 253
 Herpes and pneumonia, 111
 Hints on the diagnosis of peripheral nerve lesions. Chas. Porter Hart, 121
- Hoarseness, 85
 Homeopathic begging, 28
 — Medical Society of the County of New York, 173, 194, 338
 — Medical Society of the State of New York, 261
 — — — Thirty-third annual meeting, 65
 Hospitals for contagious diseases, 85
 Hot milk as a restorative, 227
 HOUGHTON, HENRY C. Teeth *vs.* ears, 79
 HOWLAND, ANNE C. *Boletus* (*agaricus albus*), 69
 Humerus, Dislocation of the, from sneezing, 54
Hypericum in traumatism. Geo. W. Winterburn, 74
 Hysterical pseudo-phthisis, 252
- IN CORPORI vili, 28
 If not diphtheria, what? G. M. Pease, 154
 If not diphtheria, what? G. Wigg, 184
 Importance of a suitable diet to enable homeopathic remedies to produce their legitimate effects. Margaret A. Bostwick-Mount, 300
 Infantile indigestion, Lime-juice and pepsine *vs.* lime-water in. John Tilden, 72
 Inhalations of oxygen for inappetency and vomiting of pregnancy, 140
 Injuries, Medical treatment of. Geo. F. Foote, 178
 Inoculation with adder-venom as a preventive of yellow fever, 113
 In re-antiseptic ovariectomy, 197
 Insomnia cured by *Gelsemium*, 28
 Intestinal obstruction. Wm. A. Allen, 124
 Intra-uterine strangulation of a foetus by its own umbilical cord, 55
 Intussusception. M. M. Walker, 271
 Iodide of starch as a universal antidote, 141
- JOINT disease in infants, 000
 JOUSSET, P. Treatment of erysipelas, 223
 Judaism and hygiene, 258
 Juries in cases involving medical questions, 249
- KAFKA THEODORE. Pyelitis—Inflammation of the pelvis renalis, 122
Kali-bicarbo-nicum, an antidote to iodoform intoxication, 141
 Keralitis parenchymatosa, A case of. A. B. Norton, 331
 Koumiss, air and oil. Edwin A. Gatchell, 330
 KUNZE, RICHARD F. Ancient notes on *convallaria majalis*, 130
- LABOR, Management of membranes during. L. L. Danforth, 293
 Languid labors—Hot enema, 330
 Large medical library, 252
 Laryngismus stridulus, 330

- LATIMER, W. C. Traumatic strabismus cured by fright, 82
Letter from William Young, London, Eng., 117
- LEWIS, F. PARKE. Anophthalmos, 109
Leucoplakia buccalis, 55
Life in New York, 113
- LILIENTHAL, SAMUEL. Diphtheria and mercurials, 153
Lilium tigrinum in dysentery, 45
Lime juice and pepsin, *vs.* lime-water in infantile indigestion. John Tilden, 72
- LITERATURE:—Aitken, Wm., A complete handbook of treatment, 63; Allen, H. C., Therapeutics of intermittent fever, 231; Ayers, Mortemer, Some of the diseases of the rectum, 204; Amidon, R. W., A year book of therapeutics, 147; Alcott, Wm. A., Tea and coffee, 119; American Institute of Homœopathy, Report of statistics, 147; Brooks, W. K., The law of heredity, 203; Burnett, J. Compton, Thuja, 232; Buchanan, J. R., Therapeutic sarcognomy, 343; Birmingham, Edw. J., An encyclopædic index of medicine and surgery, 34; Brigham, G. N., Catarrhal diseases, 118; Claretie, Jules, French celebrities, 36; Conant, Clarence M., Obstetric Mentor, 89; Dickenson, W. H., Homœopathic principle and practice of medicine, 32; Diday, Edward, General medicinal technology, 35; Daudet, E., French celebrities, 36; Donaldson, S. J., Uterine displacements, 118; Eggert, W., The treatment of uterine displacements, 000; Engelmann, Geo. J., Labor among primitive people, 34; Freligh, M., Family physician, 315; Franklin, W., Spinal curvatures, 119; Gross, Jas. E., Ruddock's family doctor, 231; Garrett, A. C., Myths in medicine, 314; Gatchell, Chas., Cholera, 288; Gilchrist, J. G., Surgical emergencies and accidents, 343; Gatchell, Chas., Key notes of medical practice, 90; Guernsey, Wm. J., Special rate checks; Gradle, H., Bacteria and the germ theory, 118; Howe, Joseph W., Excessive venery, masturbation and continence, 260; Hartigan, J. F., The lock-jaw of infants, 314; Hawkes, W. J., Characteristic indications for prominent remedies, 315; Hughes, Richard, The knowledge of the physician, 287; Hart, Chas. Porter, A treatise on intracranial diseases, 88; Hopkins, Wm. B., The Roller bandage, 91; Haweis, H. R., My musical memories, 147; Habberton, John, The Bowshaw puzzle, 147; Kitchen, J. M. W., Students' Manual of diseases of the nose and throat, 63; Kippax, John R., Skin diseases and their homœopathic treatment, 63; Kirby, F. O., Veterinary medicine and surgery, 91; Knight, Charles H., A year book of surgery, 147; Leonard, C. Henry, Physical signs of the heart, lung, liver, kidney and spleen in health and disease, 232; Lee, E. J., Cough and its characteristics, 63;—Aggravations and ameliorations, 147; Miller, Joaquin, *Memorie* and Rime, 147; Mackenzie, M., A manual of diseases of the throat and nose, 343; Mills-paugh, C. F., American medicinal plants, 287; Millard, Henry B., Bright's disease of the kidney, 33; Minton, Henry, Uterine therapeutics, 62; Mann, Edward C., Manual of psychological medicine, 63; Merrill, Albert, *Materia medica* and pharmacy, 90; Medical Directory of Philadelphia, 119; Parks, Edmund A., Practical hygiene, 64; Partridge, E. L., Manual of Obstetrics, 288; Pomeroy, Oren D., Diseases of the ear, 35; Pitzer, Geo. C., Electricity, 118; Rây, D. N., Cholera, 259; Smith, E., Diseases of children, 315; Spitzka, E. C., Insanity, 31; Sturgis, F. R., Syphilis in new born children and infants, 36; Sternberg, Geo. M., Malaria and malarial diseases, 342; Tidy, C. M., Legal medicine, 119; Trall, R. S., Hygienic cooking, 119; Underwood, B. F., *Materia medica* of differential potency, 119; Verrier, E., Obstetrics, 204; Wheeler, D. H., By-ways of literature, 36; Williams, Theo. D., American Homœopathic Dispensatory, 231; Ziegler, E., Text book of pathological anatomy and pathogenesis, 343.
- MAGNETIC sauce, 30
Magnet in ophthalmic surgery, 113
Malaria, 176, 226
Management of patients during capital operations, 226
Mastoid disease. N. B. Covert, 79
Materia medica provings. Arthur A. Camp, 68
— Revision. Geo. M. Eckford, 234
— (Rule No. ten). J. P. Dake, 317
Matrimony and uterine polypi, 61
Measles, a case of early Recurrence of, 197
Meatus auditorius, Foreign bodies in. Oren D. Pomeroy, 44
Mechanism of sight. Arthur B. Norton, 127
Medical treatment of injuries. George F. Foote, 178
Menstruating in old age, 55
MILLARD, HENRY B. Obscure cases of acute nephritis, 23
MILLSAUGH, CHAS. F. Eczema, *Repert.*, of, 205
MITCHELL, CLIFFORD. New method of testing for paralbumen in ovarian cyst fluid, 99
MITCHELL, JOHN J. Report of the bureau of gynecology, 84
Modern attenuations, 30
MOFFAT, JOHN L. The use of poisons, 81
MOFFAT, ROBERT C. Post natal development of the vulva, 83
Mouth respiration. W. R. Amick, 218
MUKERJEA, A. E. Cases of cholera, 271
Mysteries of snake poisoning, 256
Myxœdema. Chas. Porter Hart, 105
- NASO-PHARYNGEAL catarrh in the young. J. M. Schley, 20

Nausea, persistent, A remarkable case of. Wm. M. Pratt, 319
 Nervous disease, The prevention of. T. L. Brown, 80
 New method of testing for paralbumen in ovarian cyst fluid. Clifford Mitchell, 99
 New York County Hom. Soc., 143
 New York Homœopathic Medical College, 115
 NICHOL, THOMAS. Belladonna in erysipelatous sore-throat, 237
Nitrate of uranium, Diabetes cured by, 30
 Nocturnal emissions cured. H. Wedelestædt, 165
 NORTON, A. B. A case of keratitis parenchymatosa, 331
 — — The mechanism of sight, 127
 NORTON, GEO. S. Secondary hæmorrhage after enucleation of the eye, 11
 Nutritive value of food stuffs, 309

OCCLUDED os, 253
 OCKFORD, GEO. M. Causes and prevention of diphtheria, 97
 — — Materia medica revision, 234
 — — The abuse of quinine, 40
 On splints and other appliances in fracture surgery. T. Dwight Stow, 161
 Operations to remove fifteen fatty tumors. E. W. Charles, 280
 Opium poisoning, 256
 Os, The rigid. Phœbe J. B. Waite, 332
 — The rigid. S. P. Burdick, 9
 Ovum, Impregnation of the, 29
 Our growing longevity, 248
Oxalate of cerium in pertussis, 85
 Ozoena cured by aurum, 28

PAINE, H. M. On drug proving, 69
 Paralbumen, in ovarian cyst fluid, New method of testing for, 99
 Parental influence. Eugene Campbell, 183
 Partial paralysis from reflex irritation, caused by congenital phimosis and adherent prepuce. Arthur A. Camp, 156
Passion Flower, Geo. W. Winterburn, 216
 PEASE, G. M. Dysentery, *Lilium tigrinum*, 45
 — — If not diphtheria, what? 154
 Pertussis. W. A. Edmonds, 265
 Pessaries, The abuse of, 283
 Phenated camphor in diphtheria, 286
Piscidia erythrina, A proving of. Geo. W. Winterburn, 70
Plumbum in typhlitis. Gershom N. Brigham, 102
 POMEROY, OREN D. Foreign bodies in the meatus auditorius, 44
 PORTER, PHIL. Regular diagnosis—Laparotomy—cystosarcoma, 42
 Post-natal development of the vulva. Robert C. Moffat, 83
 PRATT, WM. M. A remarkable case of persistent nausea, 324
 Pregnancy, Diet during, 54

— Drowsiness of, 52
 — Extra uterine, 54
 — The duration of, 284
 Perspiration, Abnormal, cured by silicea, 28
 Prisms, The use of. John L. Moffat, 81
 Progress in clinical medicine. J. M. Schley, 165
 Progressive sanitation, 226
 Prophylaxis of cholera, 249
 Proving of *piscidia erythrina*. Geo. W. Winterburn, 68
 Pyelitis, Inflammation of the pelvis renalis. Theo. Kafka, 122

QUININE, The abuse of. Geo. M. Ockford, 40

RABIES through mothers' milk, 85
Ragweed in pertussis, 30
 RAY, DWARKA N. Summer diarrhoea, English, sporadic, and bilious cholera, 237
 Recent advances in surgery. Sidney F. Wilcox, 240
 Regina Dal Cin : The story of a heroine. Alexander Wilder, 190
 REID, ROBERT A. The thirst for uterine blood, 104
 Relations of abdominal diseases to those of right heart, 140
 Report of the bureau of gynæcology. Jno J. Mitchell, 84
 Résumé of surgical progress. Sidney F. Wilcox, 169
 Retrospection and suggestions. Everitt Hasbrouck, 65
Rhus toxicodendron in bowel disorders. Geo. W. Winterburn, 299
 — — in lumbago. Jas. W. Ward, 22
 Rickets cured by calcaria, 30
 Ringer, vs. Hahnemann, 29
 Ringworm in dogs, 29
Rumex, Cough cured by, 30

SANITARY apparatus, 52
 — towel, 286
 Sarcognomy. Joseph Rodes Buchanan, 289, 325
 Scarlatina caused by exhumation thirty years after burial, 285
 SCHLEY, J. M. Naso-pharyngeal catarrh in the young, 20
 — — Progress in clinical medicine, 165
 — — The bacillus of tuberculosis, 239
 Sciatica, 257
Senega. E. A. Farrington, 233
Silicea for abnormal perspiration, 28
 Simulated diseases in connection with spinal irritation, 71
 Singultus, 256
 Small-pox in oriental cities, 198
 SMITH, HARMAR. Bismuth in obstinate diarrhoea, 109
 SMITH, JULIA HOLMES. Epilepsy, 211

- SMITH, ORAN W. Some observations on erysipelas and carbuncle, 72
 Sprains, 226
 STOWE, T. DWIGHT. On splints and other appliances in fracture surgery, 161
 Stricture of Oesophagus cured by cundurango. J. Compton Burnett, 149
 Summer diarrhoea, English sporadic, or bilious cholera. Dwarka Nath Ray, 237
 Surgery, Recent advances in. Sidney F. Wilcox, 240
 Surgical progress, Résumé of. Sidney F. Wilcox, 169]
- TALBOT, I. T. Treatment of burns, 50
 TAYLOR, CHAS. F. Sources and definition of animal magnetism, 50
 Teeth *vs.* ears. Henry C. Houghton, 79
 TERRY, M. O. Simulated disease in connection with spinal irritation, 71
 The National Homœopathic Hospital of the district of Columbia, 245
 The number seven, 224
 The position we maintain. Everitt Hasbrouck, 74
 Therapeutics of diphtheria. George W. Winterburn, 134
 The State and the medical profession. (Huxley), 110
 The wisest may err, 55
 THOMAS, CHAS. M. Femoral hernia in its relation to lipoma of the groin, 149
Thuja occidentalis. (Burnett), 205,
 Thyroid cartilage, Fracture of the, 54
 TILDEN, JOHN. Lime juice and pepsin *vs.* lime water in infantile indigestion, 72
 Tonsils by the bushel, 281
 Traction Suture, the, 227
 Total retention of the placenta, 248
 Traumatic strabismus cured by fright. W. C. Latimer, 82
 Traumatism, Hypericum in. George W. Winterburn, 74
 Transfusion of pure water, 55
 Tuberculosis, The bacillus of. J. M. Schley, 239
 TUCKEY, C. LLOYD. The action of asparagus, 217
 TYNDALL, JOHN. Methods and hopes of experimental physiology, 47
 Typhlitis, Plumbum in, 102
 Typhoid fever, 286
- ULCERS, Treatment of, by raw meat, 141
 Urinary calculi, Treatment of. F. E. Doughty, 38
 Uterine blood. Robert A. Reid, 104
 Uterus, the modern, 112
- VACCINATION during pregnancy, 256
 Vascular tumors without operation, 111
- WAITE, PHCEBE J. B. The rigid os, 332
 WALKER, M. M. Intussusception, 271
 WARD, JAS. W. *Rhus tox* in lumbago, 22
 Water for infants, 196
 WEDELESTÆDT, H. Nocturnal emissions cured, 165
 Western North Carolina. Edwin A. Gatchell, 248
 What quack means, 53
 WIGG, GEO. If not diphtheria, what? 184
 WILCOX, SIDNEY F. Recent advances in surgery, 240
 — — Résumé of surgical progress, 169
 WILDER, ALEXANDER. Regina Dal'Cin.— The story of a heroine, 190
 WILDER, LOUIS DE V. Eczema, 130
 WINSLOW, W. H. Apoplexia of the tympanum, 125
 WINTERBURN, GEO. W. A proving of *psicidia erythrina*, 68
 A seductive drug, 46
 Berberis aquifolium, 70
 Cimicifuga in diseases of the eye, 18
 Cimicifuga in the neuroses, 106
 Hypericum in traumatism, 74
 Rhus toxicodendron, in bowel disorders, 299
 Some Gelsemium cases, 269
 The passion flower, 216
- YELLOW fever bacilli, 29

